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**American Stop Smoking Intervention Study**


**(ASSIST) for Cancer Prevention**

**RFP Number NCI-CN-95165-38**

**STATE OF COLORADO**

**BEST AND FINAL OFFER**

Submitted by  
Colorado Department of Health

  
for Joel Kohn  
Acting Executive Director

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## Summary

Since submitting the original Technical Proposal, Colorado ASSIST has continued to recruit new Coalition members and has expanded its commitment to the battle against tobacco. A few examples illustrate the Project's growing momentum:

- Two military installations, a major labor union, and a major employers' association have joined the Coalition.
- The Colorado Trust, an ASSIST Coalition member, is using the NCI model Standards for Comprehensive Smoking Prevention and Control to develop a three-year, \$600,000 initiative in community-based tobacco control. This initiative is expected to help stimulate development of local ASSIST Coalitions and support their activities.
- Several major public-school districts have adopted tobacco-free policies promoted by the Colorado Tobacco-Free Schools Project, and 68 percent of the state's schoolchildren are now protected by such policies.

In the pages that follow, Colorado ASSIST responds to the technical and business questions posed by evaluators of the original Technical and Business Proposals. As requested, the Small and Disadvantaged Business Subcontracting Plan is included at the end of the document. A complete, revised Business Proposal is also submitted under separate cover. The revised Business Proposal and the current document, together with all unrevised portions of the original Technical Proposal, constitute Colorado ASSIST's Best and Final Offer (BAFO) as requested by the National Cancer Institute.

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## TECHNICAL QUESTIONS

### Factor 1: MANAGEMENT APPROACH

1. *The RFP requested that offerors propose concentrated intervention regions for ASSIST. However, given that ASSIST sites must plan to achieve a 43% reduction in smoking prevalence from 1985 levels by 1998 throughout the entire state, please describe the proposed methods for reaching the entire State.*

**Summary Answer:** Colorado ASSIST has designated intervention regions for the entire state. All residents in these regions are accessible through one or more channels. ASSIST will work through the well-established volunteer network of the American Cancer Society-Colorado Division, which reaches nearly all locales in the state. Additional access will come through the established networks of county and regional public health departments and county nursing services. The Coalition currently includes members from throughout the state who will extend the Project's statewide reach through their networks. ASSIST Field Directors will meet regularly with local leaders throughout the state. During Phase II, Field Coordinators will be hired who will reside in outlying cities and service rural regions.

Like all Americans, Coloradans are affected by the people and institutions they experience in daily life. Although the state is relatively large, very few residents live in real physical isolation, and those who do are still touched by schools, workplaces, municipal governments, and television. Channels such as these offer a basis for reaching residents throughout the entire state.

Colorado also has an extensive network of public health institutions with deep roots in local communities throughout the state. This network has worked well in disseminating interventions in Colorado, such as the Women, Infants and Children program; a number of Maternal and Child Health activities, and assistance to handicapped children.

In addition to using the well-established public health networks, Colorado ASSIST will continue to expand Coalition membership from all channels throughout the state, including work sites, schools, and community organizations.

The following networks will thus provide ASSIST with reliable access to the entire state population, based on their existing presence in the community and their proven outreach capabilities:

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- The American Cancer Society-Colorado Division volunteer network.
- Work sites
- Schools.
- Community organizations.
- Hospitals.
- News media outlets.
- Local health departments.
- County nurses.
- Community clinics in rural and inner-city areas.

Colorado ASSIST has defined seven Intervention Regions that correspond to the seven districts of the ACS-Colorado. Taken together, the regions cover the entire state. Two are concentrated regions that represent about 82 percent of the state's population. The remaining five regions, with 18 percent of Coloradans, are no less a part of ASSIST. During Site Analysis, Project staff will conduct region-level assessments of local strengths and needs for planning interventions, and will identify strategies for addressing the needs.

Among dense and sparse populations alike, Colorado ASSIST will conduct and coordinate statewide campaigns through the existing volunteer networks and office systems of ACS-Colorado. ASSIST Field Directors will regularly visit all intervention regions and key locales to gather input and provide support. In the few counties that lack ACS representation, ASSIST will dispatch the Field Directors to work with local leaders in established networks (e.g., local health departments) to participate in the Project.

Of significance, the volunteer network of ACS-Colorado reaches every local community in the state except a very few, very remote, very sparsely populated counties. Each county-level unit has a well-organized Public Education Committee, and most consider tobacco their leading issue. This network is ready and able to carry ASSIST interventions to local communities and enlist local participation in the statewide Coalition.

ACS-Colorado staff and volunteers make regular contact with specific individuals in virtually every school, hospital and local health department in the state. For example, in preparation for a skin cancer awareness campaign that began in May, ACS-Colorado provided materials to an established contact in every school in the state and has followed up with personal contact in most cases. The ACS network is thus well situated to promote ASSIST throughout the entire state.

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In addition to ACS-Colorado members, the Coalition has one or more member organizations in each rural Intervention Region:

- Region 2 (the Eastern Plains) — Sterling Regional Medical Center.
- Region 3 (Southeastern Colorado) — Huerfano County Medical Center.
- Region 4: Northwestern Colorado — Valley View Hospital.
- Region 6 (Southwestern Colorado) — Durango School District 9R.
- Region 7 (North-central Mountains) — Eagle County School District, East Grand School District 2, and Gilpin County Community Health Nursing Services.

These member organizations will disseminate ASSIST interventions to other organizations in their areas.

During Phase II, ASSIST will hire a Field Coordinator to reside in Grand Junction and another to reside in Pueblo. Each will spend significant time meeting with local community leaders, ACS volunteers, local ASSIST coalition members, and other key people throughout the Western Slope and Southern Colorado, respectively. These Field Coordinators will further ensure local participation in ASSIST and dissemination of Project interventions throughout the entire state.

We anticipate that specific interventions will be aimed at intervention regions or the entire state as appropriate. For example, some television advertising may be prescribed for the entire state, in which case all local stations will be approached. Other advertising, aimed directly at Hispanics, may be focused in the Front Range and southern Colorado, which have large Hispanic populations. For every intervention, ASSIST will target all appropriate regions in order to reach the maximum possible number of people.

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2. *Please discuss the potential for smoking control within the military population and provide, including smoking prevalence estimates for this population, number and location of military personnel, possible methods of including them in ASSIST, and potential problems with their inclusion and possible solutions. If the military is not to be included, please provide justification.*

**Summary Answer:** Current smoking-control efforts can be expanded in Colorado's military populations, which number approximately 57,000. The Colorado ASSIST Coalition includes two military members and expects to add others before the Project begins. Project access to military populations poses no problems. The enforced transience of military personnel is a potential problem that can be solved by maintaining support from top military leaders and by planning Interventions that are repeated often enough to reach new arrivals.

Colorado ASSIST sees great potential for smoking control within the military population, and for enhancement of statewide planning and intervention activities through military participation in ASSIST.

U.S. military installations in Colorado have a total combined population of about 57,000 military personnel and civilian employees, including about 39,000 in the Colorado Springs area (ASSIST Intervention Region 1) about 16,000 in Metropolitan Denver (Region 5), and about 2,000 in Pueblo (Region 1).

The major installations, all of which are located in metropolitan areas, include:

- Lowry Air Force Base, Fitzsimons Army Medical Center, and the Buckley Air National Guard Base, all in Aurora (Metropolitan Denver, ASSIST Region 5).
- Fort Carson, the Air Force Academy, and the Peterson Air Force Complex (Peterson, Cheyenne Mountain, and Falcon bases), all in Colorado Springs (Region 1).
- Pueblo Depot Activities, in Pueblo (ASSIST Region 1).

Colorado ASSIST polled these installations and found that smoking prevalence is known only at the Air Force Academy, where the rate is estimated at 26 percent among a population of 10,394. The rate may be higher at other installations, where average educational levels are presumably lower than at the Academy.

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The Colorado ASSIST Coalition includes two military installations — the Air Force Academy and Fitzsimons Army Medical Center — and the Project is recruiting other installations. Spokespeople indicate that tobacco prevention and control receive high priority at all installations, and we expect most or all of them to join ASSIST.

The tobacco-control experience of the current Coalition military members demonstrates their commitment to this issue and the prospect of their successful participation in ASSIST:

- The Air Force Academy has banned cigarette vending machines on the base. Smoking is prohibited in most buildings, and where allowed, it is restricted to certain rooms. The base offers bimonthly smoking cessation programs that combine classroom instruction (30 people per class) with provision of free Nicorette gum. Six-month follow-up surveys have found 45 percent of attendees still not smoking.
- Fitzsimons Army Medical Center has an active smoking cessation clinic staffed by a nurse-practitioner, and intends to conduct a smoking prevalence survey.

These members have suggested ways that they and other military installations might participate in ASSIST and benefit from the Project. For example, Air Force Cadets in uniform might visit Colorado classrooms to share their excitement about flying while informing students that pilots may not use tobacco. Fitzsimons intends to use the Coalition process as a means of learning how to enhance its own tobacco-control activities, and will consider providing military personnel to support ASSIST interventions.

Many military personnel serve duty tours that are briefer than the expected Project duration and are subject to transfers to and from Colorado. Although the general population is also mobile, military populations are more so. This transience poses the potential problems of losing contact with an installation when its delegate to ASSIST is transferred, and implementing Interventions too infrequently to reach most incoming personnel.

To avoid the potential loss of contact with individual installations, Colorado ASSIST is recruiting participation in the Coalition at the highest levels. Command-level support provides the strongest assurance that participation will be continuous. The Coalition currently enjoys written support from Col. John G. Jernigan, Commander of the USAF Academy Hospital, and Col. Michael J. Weaver, M.D., Chief of General Medical Service at Fitzsimons Army Medical Center.

To ensure intervention access to personnel with brief tours of duty, Colorado ASSIST will pose this potential issue to Coalition members from the military and will help these members design interventions that reach a maximum possible number of military personnel in the state.



3. Please provide further information regarding existing intervention programs, especially school-based activities and activities of the major voluntary agencies besides ACS.

### Schools

**Health Education Curricula:** The majority of Colorado schools have adopted health education curricula, although they are not mandated to do so. In 1990, 70 percent of the state's public school districts were using the "Teen Health Teaching Modules" (grades 7-12) curriculum, and 49 percent were using "Growing Healthy" (grades K-6), according to data compiled by the Rocky Mountain Center for Health Promotion and Education (RMCHPE), an ASSIST Coalition member. These comprehensive curricula are used only after teachers, school nurses or administrators attend intensive training sessions conducted by the RMCHPE.

#### Curricula

"Growing Healthy" (K-6)	70 percent*
"Teen Health Teaching Modules"(7-12)	49 percent*
"Here's Looking At You 2000"	7 percent
"Quest Skills for Adolescents"	5 percent
"Refusal Skills"	5 percent
"Making Healthy Decisions"	3 percent
"Me-ology"	3 percent

#### Texts

<i>Health Focus on You</i>	4 percent
<i>Health for Life</i>	4 percent

Source: 1988 Survey, Colorado Department of Education. Figures are not mutually exclusive. District enrollments were not compiled.

\* Confirmed in 1990 by the Rocky Mountain Center for Health Promotion and Education.

Health Education Curricula and Texts With Tobacco Components,  
Used by Colorado School Districts  
(Percent Using)

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Teen Health and Growing Healthy reach a combined estimated 36 percent of the state's public schoolchildren. Follow-up testing among 7th grade students shows that "Growing Healthy" effectively reduces the rate of tobacco-use initiation when students are exposed to it during elementary grades.

Some Colorado school districts use non-comprehensive health education curricula, according to a 1988 survey by the Colorado Department of Education, also an ASSIST Coalition member. Health education activities in these districts concentrate on prevention of substances abuse. The list on the preceding page identifies health-education curricula and texts and the percentage of Colorado districts using them. Each of these curricula and texts devotes a unit to tobacco use.

**The Tobacco-Free Schools Project**, funded by Colorado Action for Healthy People and operated by the Colorado School Health Council (both ASSIST Coalition members), promotes tobacco-free school policies and provides technical assistance to districts and schools contemplating this policy change. (The Project is described on page IV-6 of the original Technical Proposal.) This Project reports that 68 percent (380,408) of Colorado schoolchildren currently attend tobacco-free schools, while tobacco-free districts comprise 31 percent of the state's public school districts. These data indicate that smaller districts are slower to adopt this important policy, a gap that ASSIST may be able to help close.

**Cessation Counseling** is offered in some Colorado secondary schools. The number of schools currently providing such services is not known but will be ascertained during Site Analysis.

### **Major Voluntary Health Associations**

The American Lung Association (ALA) of Colorado and the American Heart Association (AHA) of Colorado have significant tobacco-intervention programs.

ALA-Colorado has a well-defined work plan on Smoking or Health, aimed at two ASSIST Target Populations (youth and workers), that seeks to "promote nonsmoking behavior among Coloradans." The plan's two objectives are these:

- "Reach 40 percent of the public and private elementary and secondary schools with tobacco prevention and intervention programs and materials by 1993."
- "Provide 15 percent of 100 targeted mid-sized companies with smoking intervention programs ('Freedom From Smoking' and policy development assistance) by 1993."

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ALA conducts many tobacco-control activities, including these:

- Recognition for school districts that become tobacco-free.
- Provision of educational materials to schools and the public.
- Provision of smoking cessation counseling for secondary-school students (Tobacco Outreach Program for Students, or "TOPS").
- Provision of a peer-taught substance abuse prevention program, "Its Your Choice", to elementary students and smoking cessation clinics.
- Collaboration with ACS-Colorado and AHA-Colorado on the Tobacco-Free Class of 2000 Project.
- Provision of self-administered cessation materials and tobacco policy information to employees of medium-sized companies.

ALA-Colorado has maintained a longstanding, dedicated commitment to ASSIST goals and objectives. The Association is a founding member and continuing sponsor of the Coalition for a Tobacco-Free Colorado, the oldest public tobacco-control coalition in the nation. The ALA-Colorado Executive Director, Ms. Lea Ann Purvis, participated in early discussions on ASSIST and will serve as a member of the Executive Committee.

The American Heart Association (AHA) of Colorado conducts a number of activities to prevent and control tobacco-use, including these:

- Provision of educational and self-help smoking cessation materials to the public and health professionals.
- Collaboration with ACS-Colorado and ALA-Colorado in the Tobacco-Free Class of 2000 Project.
- Presentation of the "Heart Rx for Physicians" educational program, which includes a tobacco education component.
- Presentation of the "Heart at Work" Program for employers, which includes a tobacco education component.
- Contribution of materials and physician technical support to the Department of Health's Cardiovascular Disease Screening and Education Program, conducted at work sites throughout the state.

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- Intensive volunteer support of a voter-initiated amendment to the Colorado Constitution that would impose a 25-cent tax increase per package of cigarettes sold in the state.

AHA-Colorado is a founding member and continuing sponsor of the Coalition for a Tobacco-Free Colorado.

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4. *Please describe how the coalition will ensure that high risk groups and minority populations will be reached with interventions, given that the proposed coalition membership seems focussed primarily on policy.*

**Summary Answer:** Interventions will be implemented in *all* modalities, including program services and media. As the Project gets under way, Colorado ASSIST will recruit key Coalition members from high-risk groups and minority populations, guided in the recruitment by current Coalition representatives from these populations. The Coalition currently includes expertise on and access to all channels and intervention modes.

Colorado ASSIST will develop a full range of intervention strategies, including program services, media and policy. The Coalition includes many members with experience in media and programmatic interventions as well as policy. Our answer below to Factor 3, Question 1, describes individual Coalition member experience in media and program services.

The Project Director (Mr. Young) is responsible for ensuring that ASSIST goals and objectives are met. Through regular meetings with staff and Coalition members, he will monitor the Project and direct appropriate changes to ensure that policy, program-service and media interventions for minority and high-risk populations are comprehensive, well designed and successfully implemented.

In the first wave of Coalition recruiting, Colorado sought target-population leaders and umbrella organizations, with the idea that as ASSIST proceeds, these leaders will identify and help recruit other key organizations from within the populations they know best. We sought representatives with proven expertise and commitment from each high-risk group, to ensure that the broader recruitment phase reaches the organizations that are most important to ASSIST.

From the Hispanic community, for example, we enlisted Edward O. Romero, a broadcast executive and a highly regarded leader in the Hispanic community. Mr. Romero founded the Latino Institute for Education; co-founded La Luz Publications, and has served as president of the Spanish Radio Broadcasters of America, vice-chairman of Southwest Spanish Radio Broadcasters of America, a board member of the Colorado Forum and the Denver Latino Chamber of Commerce, and a Minority Executive Board member of the National Association of Broadcasters. *Hispanic Business Magazine* has named Mr. Romero one of the nation's 100 most influential Hispanic leaders. He will be able to guide ASSIST to the Hispanic organizations and leaders that are most crucial to the Project's mission, and to lend his reputation and considerable persuasiveness to staff recruiting efforts.

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Similarly, from the black community, we enlisted J. Wallace Wortham Jr., executive director of the Colorado Task Force on Cancer among Blacks. Mr. Wortham has knowledge of the black community, the health-care community, and tobacco as a leading cause of cancer. The Task Force he heads comprises prominent members of the black community, including professionals, businesspeople and religious leaders, and has award-winning experience in building coalitions within the black community. In October, the Task Force arranged community access for a statewide mammography program; nearly 400 low-income black women received screening mammographies through the program, the most successful such Colorado effort in this target population. Mr. Wortham and the Task Force are well positioned to help extend the Project into Colorado's black communities.

With respect to less-educated, unemployed, and low-income populations, we enlisted Colorado Action for Healthy People, a national-award-winning agency which has initiated and supported 50 highly successful health-promotion projects among such populations.

Among youth representatives, we enlisted the leaders of the Colorado School Health Council, the rural 4-H and Youth Development Program, the state's largest Boy Scouts district, and several school districts. These groups will not only help with future recruiting but will themselves provide considerable direct access to youthful populations.

It is worth noting that all of these target population representatives, as well as many other Coalition members, come to ASSIST with not only policy expertise but also extensive program and media experience.

Success in reaching high-risk populations won't rest solely with Coalition representatives from those populations. Other Coalition members with special expertise in and population access to interventions and channels will help produce interventions that are carefully designed to reach high-risk groups. Consider the media channel, for example: Coalition members with professional media experience know which publications, if any, have significant readership among, say, Hispanic youth, and will help design or select appropriate media outlets and materials for this Target Population.

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5. *Please describe how an electronic mail system might be helpful in the administration of this project.*

**Summary Answer:** Electronic mail will facilitate national-state communication as well as local communication. Project staff will determine how extensively e-mail can reach into the Coalition infrastructure. Fax communication will also be helpful on a local level.

The Colorado Department of Health currently maintains an e-mail message center (within the Division of Epidemiology) for communications between the Department and local health departments or field investigators around the state. The message center provides access to disease data-base statistics, CDC bulletins, and confidential communications among users. The system is used heavily. Its advantages include the ability to:

- send more detailed messages than voice-mail allows;
- send a message to all local health departments at once (fax machines with broadcast capability also offer this service);
- leave detailed messages for field investigators to retrieve when convenient;
- receive immediate responses.

E-mail will similarly benefit Colorado ASSIST in providing very rapid transmittal to Coalition members of detailed textual and graphic information, including technical data, draft portions of the Site Analysis and Comprehensive Smoking Control Plan, innovative tobacco-control strategies, important research findings, Project news, coming events, and other vital messages.

Colorado ASSIST will maintain an e-mail message center for communications with the Project's national coordinating center and with member organizations that have or can acquire computer e-mail capability. A computer workstation dedicated to ASSIST will serve as the central e-mail terminal. (Staff will provide technical support to Coalition members that want to develop e-mail capability. Further discussion is provided in the original Technical Proposal at page V-22.)

Once the Project has begun, staff will determine which Coalition members have computer systems for e-mail link-up to a message center. A reasonable guess might be that large member organizations currently have computer e-mail capability.

The original Technical Proposal may have implied that an electronic mail system links ACS-Colorado division headquarters with district offices. Such a system is being actively contemplated and may be installed in time for use by ASSIST, but is not currently in place. As a result, ASSIST Intervention Region offices staffed by ACS volunteers do not currently have e-mail systems, but some Regional Representatives have other access to e-mail.

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Another communication mode, facsimile transmission, has evolved in Colorado into a widely accepted method for rapid conveyance of detailed information, and many or most organizations in Colorado have fax capability. All ACS District offices and most Unit (county-level) offices are equipped with fax machines, as is the Department of Health division where ASSIST will be housed. The Department of Health fax machine has broadcast capability that allows a message to be sent simultaneously to multiple recipients. This mode can be highly effective for disseminating announcements and other urgent messages.

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6. *How will planning and intervention take place on the local level? How will local communities in the various regions communicate with the state coalition and the Executive Committee so as to provide for their participation in the development of the Tobacco Control Plan, resource allocation, training, and related activities?*

**Summary Answer:** Local planning and intervention will be coordinated by Intervention Region Representatives and local ASSIST Coalitions.

Local-state ASSIST communications will be conducted by Intervention Region Representatives and Project staff. Local communities will also communicate with the Executive Committee through public hearings on the Tobacco Control Plan.

#### **Local Planning and Intervention**

Recruitment of local organizations is a key Phase I objective for Colorado ASSIST. The statewide Coalition is expected to become congruent with and supportive of local interests after broad recruiting has begun; to date, recruitment has focused on umbrella and broad-leadership organizations, although several local organizations — school districts, health centers, and others — have already joined the Coalition.

Once the Project starts, local communities will be recruited generally through advertising, public speaking, and staff contact, with intensive emphasis on certain local communities deemed crucial to the Project. Incentives to local communities include training and other tobacco-control resources available to participants. Staff will quickly respond to all local interest in ASSIST by providing encouragement and technical support, and will serve as a clearinghouse for dissemination of promising strategies and interventions.

This approach has been successfully deployed by Colorado Action for Healthy People, a collaborative project housed in the Health Department division that will house ASSIST. CAHP has successfully recruited dozens of local communities to conduct health-needs assessments through the use of communications media, staff contact with key community people, and public speaking. (The Executive Director of CAHP, Susan Hill, is a member of the ASSIST Executive Committee.)

We anticipate that scores of local organizations will join the ASSIST Coalition, and planning and intervention will take place both locally and statewide.

Regarding the formation of local Coalitions: Project staff will work to develop local Coalitions for local planning and intervention in key communities that will be chosen according to their size, presence of Target Populations, and other criteria.

Each local Coalition will delegate a representative to the statewide Coalition, ensuring communication between the local community, Coalition and Executive Committee.

### Local-State Communication

Statewide Coalition members from local communities and local ASSIST Coalitions will communicate directly with the statewide Coalition through their active participation in the statewide Coalition. They will communicate indirectly with the Executive Committee through two members of the Committee who are also key members of the Coalition, namely the Coalition Board chair and the delegate from the Coalition for a Tobacco-Free Colorado.

Local communities without direct representation on the statewide Coalition will communicate with the Coalition and the Executive Committee through ACS-Colorado volunteers who serve as ASSIST Intervention Region Representatives. To ensure comprehensive local participation, these Intervention Region Representatives will coordinate key-informant surveys at the community level in all communities in their Regions.

These surveys will obtain the views of local leaders — employers, union officials, educators, health professionals, community organizations, and others — on ASSIST topics and issues. The surveys will address major decisions and issues, including resource allocation, selection of volunteers to undergo training, and development of the Tobacco Control Plan. Project Staff will provide guidance and technical support for the surveys. Survey results will be provided to the Coalition and the Executive Committee.

ACS-Colorado volunteers are well positioned to promote local participation. Volunteer boards are made up of community leaders — physicians, college deans, bankers and the like — from nearly every locale in the state. Indeed, these board members are recruited *because* they have strong management skills and can elicit input and support from local colleagues. Moreover, with respect to ASSIST target populations, women and blue-collar workers are very well represented in the ACS-Colorado volunteer network. Although ethnic minorities are lightly represented, an ACS-Colorado Committee on Socioeconomically Disadvantaged is actively recruiting volunteers from ethnic minority populations who will aid in the ASSIST effort.

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A complementary mode for local communication with Colorado ASSIST is Staff visitation. Field Directors will travel to local communities in non-urban ASSIST regions at least monthly during Phase I. During Phase II, a Field Coordinator stationed in Grand Junction, one in Pueblo, and one in Denver will travel extensively among local communities on the Western Slope, the north-eastern sectors, and southern Colorado to solicit participation in ASSIST, provide technical support, and so on. (See also Factor 1, Answer 1 of this document.)

Local communities will communicate directly with the Executive Committee through a series of public hearings on the Draft Tobacco Control Plan, and follow-up contacts regarding the Final Tobacco Control Plan. The invitation process will be comprehensively designed to produce maximum participation from local communities.

An example may serve to illustrate state-local communication. The Burlington Chamber of Commerce will receive initial notice of ASSIST through local media promotions that provide a contact telephone number for Glenda Amen, the Region 2 Representative. Ms. Amen will also be contacting individual Chamber members who are community leaders.

As the Project evolves, Ms. Amen will serve as the principal contact person with the Chamber of Commerce. She will request Staff support when the Chamber determines a need to assess smoking prevalence among farmers in neighboring areas.

When Burlington forms a local Coalition, its representative to the statewide Coalition will become the principal conduit for state-local communication to all local members, including the Chamber of Commerce.

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7. *Please list Federally-funded grants and contracts related to cancer control within the site. Describe how these activities might support and complement ASSIST.*

Organizations in Colorado receive a total of eight federally funded grants or contracts related to cancer control. All of the recipient institutions are participants in Colorado ASSIST. Several of the projects have staff members in common and provide mutual support and coordination of activities. Each project is briefly described below, along with its potential to support and complement ASSIST.

#### **Awards to the Colorado Department of Health Cancer Control Program**

**The Colorado Cancer Control Capacity Building Grant** is a five-year Project that expires in August 1991 and therefore will have no impact on ASSIST.

This grant from the National Cancer Institute's Public Health Applications and Research Branch initially targeted both breast and lung cancers but quickly focused on breast cancer control because of great public interest in this area. Colorado's successful programs to prevent and control breast cancer can be attributed to staff resources made available by this grant.

**The Colorado Mammography Advocacy Project (CMAP)** is a five-year, \$1 million award from the Cancer Prevention and Control Division of the Centers for Disease Control to conduct tracking and follow-up for Colorado women who obtain screening mammograms. Begun in October 1988, the Project has developed and installed a system for reporting patient histories and clinical mammography results. The system currently has a data base for 20,000 women and provides tracking and follow-up operational assistance to radiologists and primary care physicians.

The system does not capture information on patient smoking history, but the potential to identify female smokers is great. Now that Colorado health providers accept the system, the Cancer Control Program will explore ways to expand the system to include control of other cancers.

This project will complement ASSIST, which can reach the female Target Population through the CMAP system's regular reminders to mammography patients.

**Breast and Cervical Cancer Screening Among Hispanic Women** is a five-year, \$2.5 million grant to the University of Colorado Department of Sociology from the Special Populations Branch of the National Cancer Institute, awarded in September 1990. The Cancer Control Program is the principal collaborator on this grant.

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The grant will highly complement and support the ASSIST Project. Both projects will use similar methods to establish community-based coalitions, and both have identified Hispanic women as a Target Population. Both projects have also identified key community agencies and people with an interest in cancer control. Work under this grant will greatly facilitate the work of the ASSIST Project staff.

**The Colorado Women's Cancer Prevention and Control Project** is a five-year, \$3 million grant from the Cancer Prevention and Control Branch of the Centers for Disease Control, awarded in August of 1990. The goal is development of a comprehensive breast and cervical cancer control program for low-income and African-American women.

This project is promoting routine breast and cervical screening through patient and professional education, quality assurance, surveillance, and evaluation activities.

The project expects to add a service component to underwrite screening for financially needy women. Provision of screening services will occur through contracts with local, recognized providers of indigent care. The contract negotiation process will provide opportunities to develop support for ASSIST Project goals.

#### Awards to AMC Cancer Research Center

**Statewide Partners for Prevention** is a four-year, \$2.2 million grant from the Agency for Health Care Policy and Research of the U.S. Public Health Service. Funding will begin in June 1991. This collaborative grant with the Colorado Physicians' Insurance Corp. will place cancer screening and prevention protocols in primary care physician offices and will test the efficacy of delivery of the interventions.

The research protocol specifically includes tobacco prevention and control activities. Knowledge gained by Partners for Prevention regarding clinical interventions in cancer prevention will be expeditiously transferred to ASSIST.

**Training and Technical Assistance for Breast and Cervical Cancer Public Education** is a three-year, \$1.26 million grant from the Cancer Prevention and Control Branch of the Centers for Disease Control. Funding began in fall 1990. The principal goals are:

- To provide technical assistance to the Colorado Department of Health in developing public education strategies for breast and cervical cancer prevention and control.

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- To provide training and technical assistance on breast and cervical public-education programs to health departments outside Colorado.

AMC staff are preparing to conduct community focus groups that will identify culturally sensitive messages for black and low-income women (ASSIST Target Populations).

This grant focuses on community public-education strategies and is directed by Thomas Kean, Acting AMC Director and ASSIST Executive Committee member. Audience-specific public-education methods from this AMC project are expected to transfer to ASSIST interventions. This grant will complement ASSIST activities.

#### **Award to the University of Colorado School of Nursing**

**Nurse Promotion of Cancer Control in Rural Areas** is a three-year, \$500,000 grant to the University of Colorado School of Nursing from the Department of Health and Human Services. Funding will begin September 1991.

This project will train 80 nurses in rural areas throughout Colorado to perform cancer screening and control activities in their communities. Lung cancer and tobacco use will comprise one training module.

Leaders of this project have expressed a desire to coordinate their tobacco-use activities with ASSIST. The Nursing project can benefit from ASSIST expertise and Interventions, while ASSIST can enhance its statewide access to rural populations through the Nursing project. This grant will highly complement ASSIST activities.

#### **Award to Penrose Hospital**

Penrose Hospital, in Colorado Springs, operates the Rocky Mountain Cancer Information Service (RMCIS) under a contract from the National Cancer Institute. The Project has served Colorado, Wyoming, and New Mexico for nine years. The most recent contract, for \$750,000, was awarded in February 1990 and expires in October 1992.

The RMCIS provides information to the public and to health professionals about cancer treatment, prevention and control through a toll-free telephone number. Tobacco use prevention and self-help cessation materials are offered through the Service.

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The Service is a member of the ASSIST Coalition, and its activities complement ASSIST:

- It provides public information on prevention and screening of cancer.
- It conducts community outreach programs.
- It develops and maintains a cancer information resource directory.

The Service compiles a wide range of data that can be useful to ASSIST at both the state and local levels. These data include the demographics, frequency, location, and nature of public requests for information or materials on tobacco-use prevention and cessation.

The Service will provide these data to Colorado ASSIST; if desired, the data can serve as one barometer of Project impact on selected populations and regions.

The RMCIS will also share its extensive experience in community outreach programs during the ASSIST planning phase.

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- 8, 9. *How will the Executive Committee relate to the coalition so as to provide for participation by the coalition in the development of the Tobacco Control Plan, resource allocation, and related activities?*

*The offeror describes a Technical Advisory Board to be selected by the Governor. The roles and responsibilities of this Board were not clearly defined and did not seem to be consistent with the Statement of Work. Please describe in detail the responsibilities of the Board and its relationship to the ASSIST Project.*

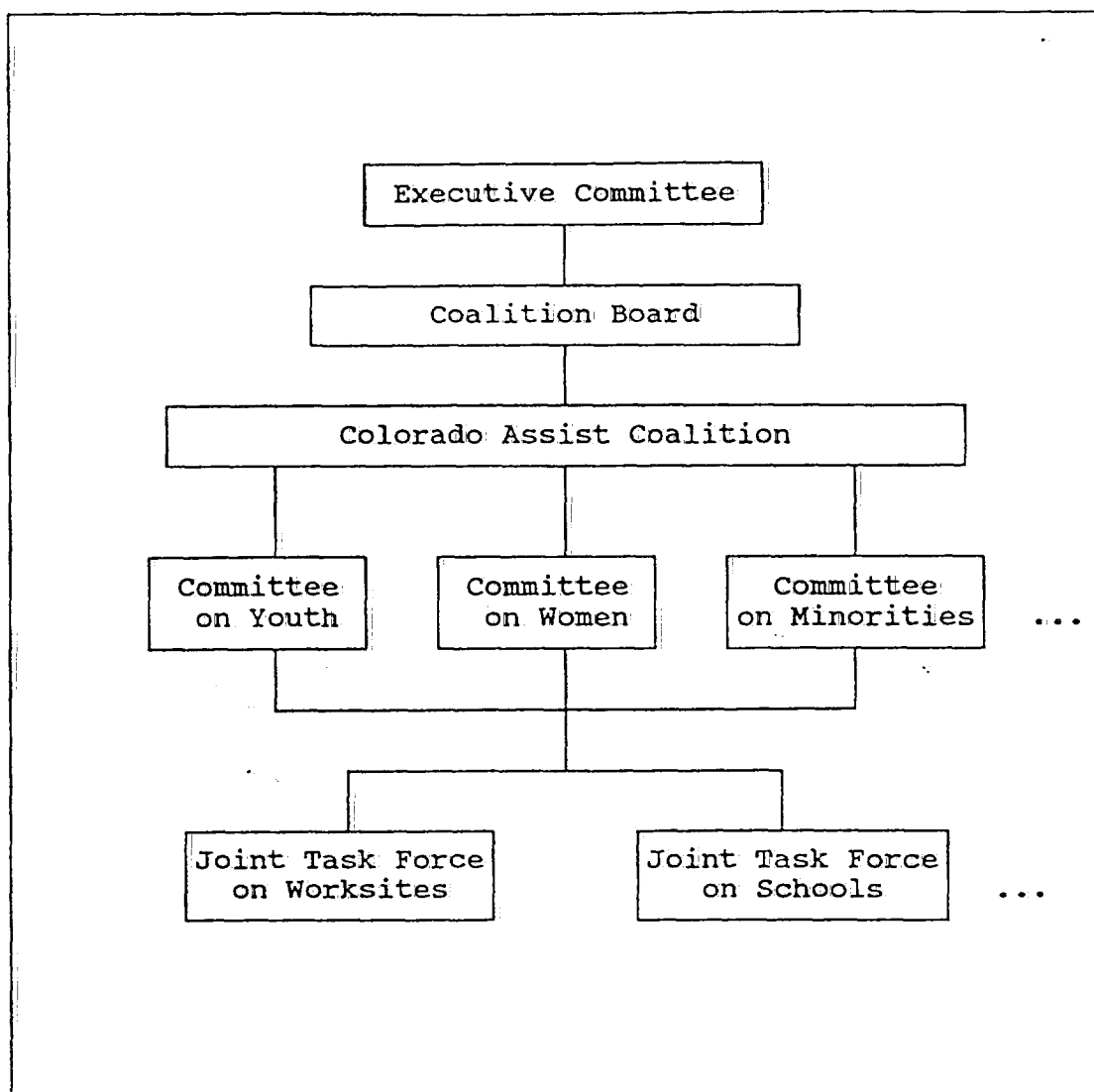
**Summary Answer:** The Executive Committee will authorize the Coalition to determine resource needs for development of the Tobacco Control Plan, to carry out development of the Plan, and to conduct related activities. ASSIST Staff will provide technical and administrative support for these Coalition goals. The Executive Committee, which will monitor Coalition activities and approve major decisions, includes two Coalition members with broad bases in the Coalition.

Colorado ASSIST intends to assemble a large Coalition, and coordination of the many members will be facilitated by a Coalition Board. This board will provide direction to the Coalition and input to the Executive Committee. "Technical Advisory Committee" is an appointed title that will be conferred on the Coalition Board by the Colorado Board of Health. This appointment, as well as gubernatorial invitation of Coalition Board members, will strengthen the Project and be consistent with the Statement of Work.

The ASSIST RFP from NCI describes an Executive Committee and a Coalition. Colorado proposes to create these two structures and a third structure called the Coalition Board (described in the original Technical Proposal at Chapter V, pages 1-2 and 5). The Board will be responsible for organizing the Coalition into functional groups that carry out Coalition's objectives and tasks. The Board will monitor and coordinate the Coalition's activities and ensure that Coalition members on the Executive Committee represent the Coalition's views on decisions and activities.

The need for the Coalition Board springs from our vision of the Coalition. With more than 60 current members and a projected membership in the hundreds, the Coalition will be larger than all but a handful of state legislatures. Regular meetings and other necessary activities would be unwieldy for such a body. At the same time, the Executive Committee as defined by NCI seems too small, and its Coalition members too few, to ensure democratic representation of the Coalition in executive-level decisions.





Colorado ASSIST Organizational Chart

Our solution is the Coalition Board. Its make-up includes direct representation of every ASSIST Intervention Region, every Target Population, every Channel, and every Intervention mode. In essence, the Coalition Board serves the Coalition as both a steering committee and an envoy to the Executive Committee.

As a steering committee, the Board will perform such logistical roles as designating Committees and Joint Task Forces to conduct planning and implementation, monitoring Coalition progress, drafting mission statements, and so on.

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As an envoy, the Board will ensure Coalition participation on the Executive Committee by representing the views of the many Coalition member organizations. This Coalition representation will occur through two Executive Committee members, Thomas Kean and Lea Ann Purvis, who represent broad Coalition bases beyond their individual member organizations: Mr. Kean chairs the Coalition Board, and Ms. Purvis represents the Coalition for a Tobacco-Free Colorado.

The distinct roles and responsibilities of the Executive Committee, the Coalition Board and the Coalition may be illustrated with the example of the Tobacco Control Plan. In broad terms, the Coalition will have responsibility and authority to develop the Plan. The Coalition Board, acting as steering committee, will obtain Staff assistance in preparing a work plan, estimated budget and timetable for developing the Plan. The Board will seek input from Coalition members to ensure that all local areas of the state are involved and included. The Executive Committee will review the Coalition Board's plans, offer guidance as appropriate, and approve the budget, timetable and work plan.

Coalition members themselves, organized by the Coalition Board into Committees and Joint Task Forces, will develop the Plan with Staff assistance. The Coalition Board will carry the Coalition's Tobacco Control Plan to the Executive Committee for administrative review and approval.

The Coalition Board will receive increased public stature and impact in two ways. First, Gov. Roy Romer will be asked to extend a personal invitation to the members to serve on the ASSIST Coalition Board. Second, the Colorado Board of Health will be asked to designate the Coalition Board as a "Technical Advisory Committee to the Board of Health," charged with fulfilling the goals and objectives of ASSIST in accordance with the NCI contract. Without imposing extra organizational structure or process, the "TAC" designation will provide several benefits:

- It will keep tobacco in the public eye as a state policy issue.
- It will ensure that ASSIST goals and activities are pursued by the Department of Health after the Project ends.
- It will educate and make regional ASSIST advocates of individual members of the Board of Health.
- It will increase the Project's visibility around the state through the established dissemination network for Board of Health Committee agendas.
- It will bring an "outside" perspective to state tobacco policies, perhaps encouraging the Board of Health to consider new statewide tobacco control initiatives.

The Coalition Board will thus have quasi-governmental status in Colorado to pursue the missions designated by the NCI Statement of Work.

## Factor 2: ORGANIZATIONAL EXPERIENCE

1. *Please describe the efforts which have been made to involve the other major voluntary health agencies in ASSIST.*

When the ASSIST Project Director (Mr. Young) learned in 1987 of the impending development of the ASSIST Project, he informed the Coalition for a Tobacco-Free Colorado, which includes representatives of the American Heart Association of Colorado and the American Lung Association of Colorado (the other major voluntary health agencies besides the American Cancer Society-Colorado Division, which is co-directing Colorado ASSIST).

In Spring 1988, in anticipation of the ASSIST RFP, Mr. Young convened a series of informal discussions with the executive directors of ALA-Colorado and AHA-Colorado to discuss their prospective roles in the Project. As national ASSIST planners disclosed information about the Project, Mr. Young shared this information with the voluntary health agencies through formal discussions with an ad hoc committee of the Coalition for a Tobacco-Free Colorado. These talks began in Spring 1989. (A copy of the July 5, 1989, meeting agenda follows this page.) The meetings were attended by representatives of ALA-Colorado, AHA-Colorado, the Colorado Group to Alleviate Smoking Pollution (GASP), the Department of Preventive Medicine and Biostatistics of the University of Colorado School of Medicine, and The Colorado Trust.

Both ALA-Colorado and AHA-Colorado will be actively involved in Colorado ASSIST and are committed to the Project. The ALA-Colorado Executive Director, Ms. Purvis, will serve as a member of the ASSIST Coalition Board and the Executive Committee. AHA-Colorado will provide meeting space, access to volunteer networks, and participation in Coalition Joint Task Forces.

Colorado ASSIST has successfully progressed from early planning to submission of a Technical Proposal with the significant involvement of all three major voluntary health agencies. The ASSIST leadership role conferred nationally on the American Cancer Society has not diminished the enthusiasm and commitment to the Project from the Colorado American Heart and Lung associations. The support of all three agencies is especially noteworthy in Colorado's very competitive fund-raising environment.

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## COALITION FOR A TOBACCO-FREE COLORADO

3773 Cherry Creek Drive North, Box 25  
Denver, Colorado 80209

### SPONSOR ORGANIZATIONS

AMERICAN CANCER SOCIETY  
COLORADO DIVISION

AMERICAN HEART  
ASSOCIATION OF COLORADO

AMERICAN LUNG  
ASSOCIATION OF COLORADO

AMERICAN RESPIRATORY  
CARE SERVICES

COLORADO DEPARTMENT  
OF HEALTH

COLORADO MEDICAL  
SOCIETY

COLORADO SOCIETY FOR  
RESPIRATORY CARE

DENVER PUBLIC HEALTH

PORTER MEMORIAL HOSPITAL

### AGENDA

Inaugural Meeting  
ASSIST 2000 Task Force

Coalition for a Tobacco-Free Colorado  
July 5, 1989

- I. Review of ASSIST 2000 Project goals, background, timetables and organizational structure of national program.
- II. Identification of possible organizational structures for Colorado's ASSIST 2000 project and discussion of method to be used to come to consensus on final structure.
- III. Proposed planning format and relevant documents (eg., Health Objectives for the Nation 2000, TACSH Report, CAHP Plan, workplans of voluntary agencies, etc.). Presentation of MATCH model.

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### AFFILIATE ORGANIZATIONS

Aspen GASP

Colorado School Health  
Council

Denver Medical Society

Doctors Ought to Care (DOC)

El Paso County Health  
Department

Group to Alleviate Smoking  
Pollution (GASP)

Hall of Life/Denver Museum  
of Natural History

Webb Waring Lung  
Institute

Weld County Health  
Department

### — BOARD OF DIRECTORS —

Walter Young  
PRESIDENT  
303-331-8300

Sharon Mollica  
VICE-PRESIDENT  
303-925-1285

Steve Atkinson  
SECRETARY  
303-861-7000

Dave Empey  
TREASURER  
303-934-6100

Connie Acott • Betty Jean Beall • Pete Bialick • Mildred Doster M.D. • Steve Gomes • Laurel Harken, M.D.  
Franklyn N. Judson M.D. • Lea Ann Purvis • Frederic W. Platt M.D. • Jennifer Scott • John Wolfe

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2. *Please describe the experience of the ACS in the management of large, complex intervention projects and their history of providing programs to the identified target groups.*

**Summary Answer:** Two examples demonstrate ACS-Colorado's experience in managing large, complex intervention projects that are ongoing and have reached tens of thousands of members of two major ASSIST Target Populations (women and youth). These exemplary projects, Colorado Breast Screening and the Smoke-Free Class of 2000, are described below.

#### Colorado Breast Screening Project

In 1985, ACS-Colorado established a Colorado Breast Cancer Task Force, comprising physicians, public-health workers, and public-education volunteers, with the goal of promoting breast screening examinations. The vehicle for this mission was an annual Breast Cancer Awareness Month, in October. During 1988 and 1989, more than 32,000 women made contact with the Project's telephone "Hot Line," of whom about 90 percent were eligible for mammography screening. The following narrative describes the Project's development and ACS-Colorado's role.

In 1988, the ACS-Colorado Task Force implemented these preparatory steps:

- Establishment of a quality-assurance protocol and criteria for assessing breast-screening centers that wished to participate in the annual campaign.
- Development of forms that would be used to standardize reporting of screening results. The Cancer Control Program of the Colorado Department of Health was instrumental in developing the reporting forms.
- Communication with all breast screening centers throughout Colorado to invite participation in the annual awareness campaign. Sixty-five of the 150 centers met the Project's eligibility criteria and agreed to use the protocol established for participation.
- Establishment of a statewide toll-free telephone number, staffed by volunteers, for women to call and receive information about their eligibility for screening mammography.
- Development of a script and protocols for volunteers to use in answering questions and determining screening-mammography eligibility.

From the Colorado Trust (an ASSIST Coalition member), ACS-Colorado obtained \$35,000 earmarked for the purchase of ads in local newspapers and radio stations

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throughout the state. As a result of ACS-Colorado promotional efforts, a major metropolitan newspaper published a special Sunday section on the Project.

The Task Force developed and produced 25,000 copies of a Project promotional brochure. It was distributed through a major statewide pharmacy chain to all female customers filling prescriptions for birth control or hormone replacement therapy. The brochure was also distributed at a Community Health Fair held at more than 100 sites throughout the state, and through the ACS Residential Crusade.

All ACS-Colorado Unit Offices contacted participating screening centers in their districts and enlisted them to promote the Project.

KUSA-TV Channel 9, a Denver-based ABC affiliate with statewide reach via cable, agreed to broadcast a week-long educational series on breast cancer and related issues. Each program in the series mentioned the statewide screening Project, displayed the toll-free telephone number, and urged asymptomatic women, ages 35 and older, who had never had mammography to call and determine whether they were eligible for screening.

A Project "Hot Line" subcommittee recruited, trained and scheduled a total of 288 volunteers to provide a total of 1,152 hours to staff the toll-free line every day during a two week period. The staff included two Spanish-speaking volunteers to respond to non-English speakers.

During October 1988, the two-week phone bank received more than 19,500 calls, of which 17,044 were from mammography-eligible women. Project staff provided all callers with informational packets; eligible women also received patient history forms and instructions for obtaining mammography. The Cancer Control Program of the Colorado Department of Health was instrumental in developing the patient history form.

A similar sequence was following during 1989. The number of participating centers rose to 130, and more than 13,000 calls were received.

In 1990, the Breast Screening Project was jointly co-sponsored by ACS-Colorado and the Colorado Department of Health. ACS-Colorado conducted all advertising, promotion and communications.

Also that year, ACS-Colorado launched a special initiative to teach breast-self examination to women by organizing a series of professional "train-the-trainers" sessions throughout the state, to train radiologic technologists in teaching breast self-examination to female patients. A total of 214 radiologic technologists were trained through the sessions.

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ACS-Colorado also provided \$2,000 in matching funds for a grant to purchase and distribute hand-held, self-examination breast models. A total of 106 models were distributed.

To date, more than 15,600 women have received instruction in breast self-examination at screening centers, a direct result of the ACS-Colorado training project.

### **The Smoke-Free Class of 2000 Project**

This Project was launched in Colorado in September 1988 by the three major voluntary health agencies (American Cancer Society, American Heart Association and American Lung Association). The Project initially distributed first-grade class materials to every elementary school in Colorado, a total of more than 800 schools. The process was repeated in 1989 and 1990. The Project is currently managed by staff people representing each of the three voluntary health agencies. These individuals work with ACS-Colorado Unit program staff, volunteers, and classroom teachers to implement educational and promotional materials and opportunities.

The Project has six major goals:

- To encourage the adoption of tobacco control programs.
- To provide tobacco awareness materials to students in the Class of 2000, their parents and their teachers.
- To focus media and community attention on these children as ambassadors to a new, smoke-free generation.
- To build and strengthen tobacco-control working groups among the three voluntary health agencies.
- To recruit additional volunteers in the campaign for a tobacco-free America.
- To promote the public perception that tobacco use is socially unacceptable.

ACS has determined that 25 percent to 35 percent of Colorado school teachers are using Smoke-Free Class of 2000 educational materials. This number represents a Project reach of approximately 20,000 students per year.

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### Factor 3: COALITION MEMBER EXPERIENCE

1. *Please describe the experience of the coalition to be in non-policy tobacco-related interventions. If the coalition has had no such experience, please describe the potential problems which must be overcome in order for the coalition to become effective in planning and implementing interventions and possible solutions to these problems.*

Colorado ASSIST Coalition members have comprehensive collective experience in all facets of tobacco-use prevention and control, including the media and program services intervention modes. Many members also have extensive experience with the formation and coordination of coalitions, through their co-sponsorship of the Coalition for a Tobacco-Free Colorado and participation in a variety of other coalition-based efforts.

During an April conference call with NCI staff, Colorado ASSIST was asked to respond to this question by describing the commitment and experience of individual Coalition members in non-policy tobacco-related interventions. The first part of this answer does so, followed by a brief discussion of the potential issues and solutions for integrating these highly capable members into an effective Coalition.

AMC Cancer Research Center conducts community-interventions research on a variety of cancer prevention and control issues. The Center's scientists have conducted extensive research on interventions among minority populations and interventions applied by primary-care physicians. AMC staff have extensive experience with public-education campaigns and telephone information services. The Center co-sponsors the Coalition for a Tobacco-Free Colorado and is collaborating with the Colorado Department of Health on a CDC Technical Assistance Grant (described at page 18 of this document).

The American Heart Association provides educational and self-help smoking cessation materials to the public and health professionals; conducts the "Heart Rx for Physicians" and the "Heart at Work" educational programs, and contributes materials and physician technical support to the Department of Health's Cardiovascular Disease Screening and Education Program. The Association co-sponsors the Coalition for a Tobacco-Free Colorado and collaborates with ACS-Colorado and ALA-Colorado in the Smoke-Free Class of 2000 Project.

The American Lung Association conducts programs in tobacco use cessation and prevention, including in-school cessation classes for teens and community classes for adults, and produces and distributes educational materials. The Association co-sponsors the Coalition for a Tobacco-Free Colorado and collaborates with ACS-Colorado and AHA-Colorado in the Smoke-free Class of 2000 Project.



American Respiratory Care Services conducts tobacco public-education and cessation-promotion campaigns, public speaking on tobacco use, smoking cessation clinics, carbon monoxide screening, and other activities. The agency co-sponsors the Coalition for a Tobacco-Free Colorado.

The Coalition for a Tobacco-Free Colorado, the nation's oldest public tobacco-control coalition, has:

- sponsored a "Bash-the-Butts" vending machine destruction, which attracted national media coverage on minors' access to cigarettes in vending machines.
- co-sponsored a "Tar Wars" education and poster contest that reached 23,000 fifth graders statewide.
- sponsored a survey showing that minors can easily buy tobacco in Colorado.
- helped convince the Aspen Skiing Co. to ban tobacco advertising.
- established the Tobacco-Free 2000 Award for work to eliminate tobacco.
- managed Colorado's effort in the Rocky Mountain Tobacco-Free Challenge.

The Colorado 4-H/Youth Development Program has developed and implemented youth educational programs that include tobacco-control components, and works closely with the Colorado Tobacco-Free Schools Project.

Colorado Action for Healthy People has:

- distributed community grants for tobacco control.
- sponsored the statewide Tobacco-Free Schools project, which has helped implement tobacco-free policies that now protect 68 percent of the state's public schoolchildren.
- sponsored a smoking cessation project for impoverished pregnant women. The project has developed a protocol for training family-practice residents to counsel pregnant women who smoke.
- sponsored "No Puffin", a fifth-grade tobacco prevention curriculum now offered throughout the state.
- sponsored an annual physical exercise competition among thousands of employees in work sites throughout the state.
- co-sponsored the Coalition for a Tobacco-Free Colorado.

The Colorado Association of School Boards has experience in presenting programs on tobacco-control to members through newsletters and conventions.

The Colorado Community Health Network has member experience in promoting tobacco prevention and providing cessation classes and tobacco education to patients.

The Colorado Department of Education has experience in promoting tobacco prevention and educational programs throughout the state's schools.

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The Colorado School Health Council has experience with youth tobacco-education programs throughout the state's schools. The Council is affiliated with the Coalition for a Tobacco-Free Colorado.

The Colorado Society for Respiratory Care has experience with prevention and cessation activities in clinical settings. The Society co-sponsors the Coalition for a Tobacco-Free Colorado.

The Colorado Task Force on Cancer Among Blacks has experience in building coalitions to eradicate tobacco use in the black community, for which the Task Force won a regional First Place award in the Rocky Mountain Tobacco-Free Challenge.

The Cripple Creek-Victor School District has experience in disseminating tobacco prevention information to students and staff.

Denver Doctors Ought to Care has experience with youth tobacco-education campaigns and counter-advertising. DOC has co-led the "Tar Wars" campaign and is affiliated with the Coalition for a Tobacco-Free Colorado.

The East Grand School District has experience in training tobacco-control trainers.

Edward Romero has extensive experience in broadcast media and in organizational leadership, and has worked for several years on tobacco prevention and control projects with ACS-Colorado and Colorado Action for Healthy People.

The Fort Collins Family Medicine Center has experience in training student doctors to promote tobacco control among patients.

GASP has extensive experience with public education campaigns concerning the hazards of environmental tobacco smoke. The Group is affiliated with the Coalition for a Tobacco-Free Colorado.

The Gilpin County Nursing Service provides smoking cessation classes to adults and prevention education classes to schoolchildren.

The Hall of Life has co-directed the Tar Wars tobacco-education campaign for fifth graders, offered tobacco education to schools throughout the state, and conducted classes on the respiratory system and its reaction to tobacco smoke. The Hall is affiliated with the Coalition for a Tobacco-Free Colorado.

The Jefferson County Health Department promotes cessation in work sites, schools, and communities.

Kaiser Permanente, an HMO, has sponsored a children's theater program with health and safety messages that include a specific component to prevent tobacco use. Kaiser funds tobacco-prevention projects, provides smoking cessation classes to members, publishes smoking-cessation articles in its newsletter, and includes questions about smoking in all patient visits to physicians.

The Larimer County Health Department has conducted smoking prevention projects and activities since 1977, and currently includes tobacco prevention and control counseling in all its public health services, from family planning to the Women, Infants and Children program. The Department is affiliated with the Coalition for a Tobacco-Free Colorado.

Linda Benzel has extensive broadcast media experience in reporting and producing television coverage of tobacco-control news and feature stories.

Mapleton Public Schools offer tobacco cessation classes to students.

The PSL Center for Health Sciences Education conducts research and public/professional education on the hazards of tobacco use. The Center has conducted controlled studies of smoking-deterrent pharmaceuticals; helped develop an educational piece for the National Heart, Lung and Blood Institute that has been distributed to 30,000 respiratory care professionals, and has conducted national and local workshops on the treatment of nicotine dependency. The Center is affiliated with the Coalition for a Tobacco-Free Colorado.

The Rocky Mountain Cancer Information Service has nine years of experience in providing tobacco prevention and cessation information to the general public and to health professionals in Colorado, Wyoming and New Mexico. The Service also has extensive experience in community outreach programs.

The Rocky Mountain Center for Health Promotion and Education has extensive experience in developing comprehensive health curricula and in training teachers to implement the curricula, which include tobacco-use prevention and control components.

The Smoking Management Clinics have extensive experience with cessation programs, seminars and materials, and promotion of cessation activities to major work sites in Colorado.

The University of Colorado Cancer Center funds and administers a smoking-cessation clinic and a support group for ex-smokers. The Center co-sponsors the Coalition for a Tobacco-Free Colorado.

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Valley View Hospital co-sponsors and conducts smoking cessation classes, including hospital bedside instruction.

The Weld County Health Department has conducted tobacco-use public education campaigns among physicians, schools and work sites. The Department is affiliated with the Coalition for a Tobacco-Free Colorado.

### Coalition Effectiveness

The Colorado ASSIST Coalition has been formed for the Project and has no prior experience as a group. The preceding pages describe the extensive collective experience of individual Coalition members. Colorado ASSIST staff will concentrate on several management principles essential to knitting the members into an effective Coalition:

- Designate and follow leadership.
- Accomplish tasks and meet schedules.
- Possess technical capacity.
- Conduct productive meetings.

Addressing these points:

- **Leadership** of the Coalition will be provided by the Coalition Board. Each Board member has extensive management experience, demonstrated interest in tobacco control, and expertise in at least one major area of relevance to ASSIST. The Coalition Board will also draw upon the leadership provided on the Executive Committee by the Colorado Department of Health and ACS-Colorado. Mechanisms have been provided for development and democratic selection of additional Coalition leadership as the Project unfolds.
- **Tasks and schedules.** A well designed operating structure ensures that the Coalition will complete tasks and objectives on schedule. The structure provided by Colorado ASSIST includes the use of Target Group-specific Committees and Channel-specific Task Forces; intensive Staff support, and monitoring by Project Management.
- **Technical Capacity.** Members of the Colorado ASSIST Coalition have extensive technical ability to develop and implement tobacco control projects. This ability is described, organization by organization, in the preceding pages of this response and is demonstrated by Colorado's significant achievements in controlling tobacco use.

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- **Successful meetings** depend largely on proper planning. Colorado ASSIST has established a thorough protocol for meeting preparation. (The protocol is described in the original Technical Proposal at page V-18.) The Project design ensures that meeting chairs have prior experience in leading highly diverse groups. Adequate Staff support will be provided.

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2. *While minority and rural organizations are represented, no evidence is provided that these groups have access to the target populations. Please clearly identify groups to be targeted and describe the relationship between the proposed coalition member and the target group.*

**Summary Answer:** Regarding minority populations, current members of the Colorado ASSIST Coalition have access, and the Project will expand its access by recruiting key new Coalition members through the networks and expertise of current members. (See also the answer to Factor 1, Question 4.)

Regarding rural populations, Colorado ASSIST will have access through the ACS-Colorado volunteer network, schools, hospitals, clinics, local health departments, county nurses (these groups are also described in the answer to Factor 1, Question 1), and current Coalition members with extensive rural constituencies. Rural target populations are largely those identified in the state as a whole, and will be refined during Site Analysis.

### Minority Populations

Colorado has two minority populations that exceed 1 percent of the total population:

- Hispanics comprise 13 percent of the population. Although dispersed throughout the state, three-fourths of Colorado Hispanics live in the Front Range, and the population of southern Colorado (ASSIST Regions 3 and 6) is disproportionately (25 percent) Hispanic.
- Blacks comprise 4 percent of the population and reside almost entirely (99 percent) in the urban Front Range (ASSIST Regions 1 and 5).

The ASSIST Coalition includes several member organizations from the Health-care Channel that have extensive access to minority populations:

- The Denver Department of Health and Hospitals serves more than 100,000 patients per year through a hospital and eight satellite health centers in inner-city neighborhoods. Forty percent of this patient population is Hispanic, and 20 percent is black. The Department has a Tobacco Education Committee that will coordinate its activities with ASSIST.
- The Colorado Community Health Network serves about 50,000 medically indigent clients in urban centers. A large proportion of this clientele is black or Hispanic. For example, the Sunrise Community Health Center, in Greeley, serves a

large Hispanic population and, as a result, has developed and offers a bilingual smoking cessation program.

As discussed in Factor 1, Question 4, Colorado ASSIST has recruited minority leaders who can identify and help recruit key organizations from the populations they know best. These leaders have extensive networks and access within their respective communities:

- Edward O. Romero is a broadcast executive and a highly regarded leader in the Hispanic community. He founded the Latino Institute for Education, co-founded La Luz Publications and has served as president of the Spanish Radio Broadcasters of America, vice-chairman of Southwest Spanish Radio Broadcasters of America, a member of the boards of directors of the Colorado Forum and Denver Latin Chamber of Commerce, and a member of the National Association of Broadcasters Minority Executive Board. *Hispanic Business Magazine* has named Mr. Romero one of the nation's 100 most influential Hispanic leaders.
- The Colorado Task Force on Cancer among Blacks comprises prominent members of the black community, including professionals, businesspeople and religious leaders. Its board includes the co-pastor of Shorter A.M.E. Church, the president of Denver Links, Inc. (a prominent black women's organization), several public health officials, a community college faculty member, the public relations director of Colorado Outward Bound, several attorneys, a banking consultant, and other members. The Task Force has award-winning experience in building coalitions within the black community. In October, the Task Force arranged community access for a mammography program; nearly 400 low-income black women received screening mammographies through the program, the most successful such Colorado effort to date in this ASSIST Target Population.

Colorado ASSIST will continue to expand its access to minority populations by recruiting additional organizations that have influence, membership or constituencies in minority communities.

#### Rural Populations

Colorado ASSIST will reach rural populations through several Channels:

- The American Cancer Society-Colorado Division volunteer network
- Work sites.
- Schools
- Hospitals
- News media outlets

- Local health departments
- County nurses
- Community clinics.

(These channels are described in Factor 1, Question 1.)

The Coalition currently includes member organizations with extensive access to rural populations:

- **Rural health-care providers.** Coalition members in this category provide health services to more than 100,000 rural Coloradans each year. This patient population is largely children, low-income people, and Hispanics. One Coalition member, the Colorado Community Health Network, represents more than 25 rural health clinics that see more than 80,000 rural-area residents each year. Other Coalition members that provide health care to rural residents are the Huerfano County Medical Center, Sterling Regional Medical Center, and Valley View Hospital.

- **The statewide 4-H/Youth Development Program.** This Program has 16,500 youth members and 11,000 adult volunteers organized into clubs in 58 of Colorado's 63 counties, most of them rural. The Program reaches 90,000 young Coloradans through workshops and educational programs that teach decision-making, leadership and other life skills. The organization publishes a bimonthly newsletter, and most of its 57 county offices publish monthly newsletters.

- **Rural school districts.** Current member districts — Brighton 27J, Cripple Creek-Victor RE1, Durango 9R, Eagle County, East Grand 2, Mapleton, and Mesa County Valley 51 — have daily educational access to a combined total of more than 10,000 rural youths and their parents.

Colorado's rural areas comprise ASSIST Intervention Regions 2 through 4, 6 and 7. Within these areas, ASSIST interventions will be designed to reach the statewide target populations or those identified through the Site Analysis process. In the absence of more specific data, rural target populations will be those previously identified by national ASSIST planners and statewide smoking prevalence surveys — youth, women, Hispanics (virtually no blacks reside in rural areas), less well-educated people, the unemployed, low-income residents, and smokeless tobacco users.

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3. *Please provide additional information about the lack of union support. Pose potential problems and solutions to union involvement in ASSIST.*

**Summary Answer:** The Colorado Education Association has joined ASSIST. The Project will pursue greater union participation. If other unions do not join, the Project will be denied the benefit of their direct networks but will communicate with their members through other channels.

Colorado ASSIST wants unions to participate, both to promote the Project through their multi-dimensional communications networks (especially among blue-collar workers), and to further ensure full statewide involvement in the Project.

Our early union recruiting effort focused on the president of the AFL-CIO, in keeping with the Project's policy of emphasizing top-level leadership during the initial stages. He declined because of the prospective objection of a member union that represents tobacco workers.

The ASSIST Coalition has since gained the participation of the Colorado Education Association (CEA), which has about 27,000 members but is not an AFL-CIO affiliated union.

We propose to arrange informal meetings with individual local union leaders to solicit guidance on the best way to ensure further union participation in ASSIST. Based on their recommendations, we will recruit local unions that have no tobacco-employed members, and will seek to expand upon this base as ASSIST evolves.

In contemplating the unlikely possibility that union participation in ASSIST does not become broad, it is worth noting that labor unions represent 7 percent of the Colorado work force, less than half the national level of 16 percent, and far below intensely unionized areas in the northeast and along the West Coast.

We do not expect active union opposition to ASSIST. The AFL-CIO President informed Project planners that most union members and leaders in Colorado support tobacco control.

The potential problem posed by a lack of union support is an inability to use this well-organized communications channel to reach a population of workers. The solution is to use other channels that also reach these workers — the health care system, community networks, the community environment, and work sites through employers. The ASSIST Coalition includes the Mountain States Employers Council, which will disseminate ASSIST information to its 1,500 employer members throughout the region.

4. *Please include letters of commitment and support from all proposed coalition members.*

Colorado ASSIST proposes 60 initial Coalition members. During the April conference call, NCI staff requested that only letters of commitment and support that were not previously submitted should be forwarded. Most of these letters were excluded from the original Technical Proposal because of space limitations. A few represent organizations that were recruited to the Coalition after the Technical Proposal was submitted, or whose leadership changed and new leaders are renewing the organization's commitment to ASSIST.

The letters provided in the pages immediately following this answer are identified below in "List One". (All other letters of commitment and support that remain in effect are included in the original Technical Proposal and may be found at the locations described on the next page in List Two.)

**List One: Letters Submitted with This Answer**

- ACS District 2
- ACS District 6
- AMC Cancer Research Center
- American Heart Association of Colorado
- Colorado Department of Education
- Colorado Education Association
- Colorado Hospital Association
- Cripple Creek-Victor School District
- Denver Doctors Ought to Care (DOC)
- Department of Preventive Medicine and Biometrics
- Durango School District 9R
- Eagle County School District
- Fitzsimons Army Medical Center
- Mapleton Public Schools
- Mountain States Employers Council
- Rocky Mountain Cancer Information Service
- Smoking Management Clinics
- Sterling Regional MedCenter
- The Colorado Prevention Center
- U.S. Air Force Academy
- Valley View Hospital

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## **List Two: Previously Submitted Letters**

The original Technical Proposal provided letters of commitment and support in Chapter VI (grouped by Executive Committee, Coalition Board and Coalition) and Appendix 21. This list provides the location of all letters that remain in effect and are not included in this BAFO pursuant to NCI staff guidance.

### **Letters in Chapter VI (following page VI-8)**

#### **Executive Committee Members**

American Lung Association of Colorado  
Coalition for a Tobacco-Free Colorado  
Colorado Action for Healthy People  
Presbyterian/St. Luke's Center for Health Sciences Education

#### **Coalition Board Members**

Boy Scouts of America Denver Area Council  
Colorado Health and Environment Council  
Colorado Health Officers Association  
Colorado National Organization for Women  
Colorado School Health Council  
Colorado Society for Respiratory Care  
Colorado Task Force on Cancer among Blacks  
East Grand School District  
Edward O. Romero  
Fort Collins Family Medicine Center  
Gilpin County Community Health Nursing Services  
Huerfano County Medical Center  
Kaiser Permanente  
Linda Benzel  
Sen. Sally Hopper  
Sen. Bonnie Allison  
ACS-Colorado Districts 1, 3-5, 7

#### **Coalition Members**

Colorado Association of School Boards  
Colorado State University Cooperative Extension 4-H/Youth Development Program  
Denver Police Department  
Hall of Life  
The Colorado Trust

2023764406

List Two, cont.

Letters in Appendix 21

Brighton Public Schools  
American Respiratory Care Services  
Cherry Creek Schools  
Colorado Community Health Network  
Colorado Family Community Leadership  
Colorado Public Health Association  
Denver Department of Health and Hospitals  
GASP of Colorado  
Harrison School District 2  
Jefferson County Health Department  
Larimer County Health Department  
Mesa County Valley School District 51  
Rocky Mountain Center for Health Promotion and Education  
University of Colorado Cancer Center  
Weld County Department of Health

2023764407



Sterling Regional MedCenter

615 Fairhurst  
PO Box 3500  
Sterling, Colorado 80751-0500  
(303) 522-0122; FAX (303) 522-8532

May 7, 1991

Mr. Walter Young, Director  
Division of Prevention Programs  
Colorado Department of Health  
4210 E. 11th Avenue  
Denver, CO 80220

Dear Mr. Young,

I would be happy to serve as one of the representatives from Region 2 on the ASSIST Coalition Board. Let me know in what way I may be of assistance to you. Pam Werner, R.D., Nutrition Services/Wellness Manager is available to serve as an alternate representative from our region if I am unable to attend.

Please keep us informed as to when the board meets.

I am looking forward to hearing from you in the near future.

Sincerely,

Glenda Amen  
Wellness Coordinator

Pam Werner, R.D.  
Nutrition Services/Wellness Manager

2023764408

Debbie Graue, RN, NP  
715 E. 4th Avenue  
Durango, CO. 81301

May 12, 1991

Arnold Levinson  
Colo. Dept. of Health  
Div. of Prevention Programs  
4210 E. 11th Ave.  
Denver, Co. 80220

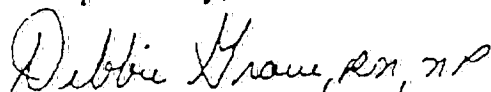
Dear Mr. Levinson,

This letter is to acknowledge my acceptance of your request to serve on the state coalition of "ASSIST" should Colorado be included in the 12 state National Cancer Institute funded tobacco control pilot program.

My understanding is that my role includes assessment and planning during the monthly meetings in Denver as well as serving as a liaison to groups in my community with participation as needed in the implementation phase thereafter.

I appreciate the opportunity to serve on this coalition and look forward to the challenge.

Respectfully,



Debbie Graue, RN, NP

2023764409



May 8, 1991

Mr. Walter Young  
ASSIST Project Director  
Colorado Department of Health  
State of Colorado  
4210 East 11th Avenue  
Denver, CO 80220-3716

Dear Snip:

The purpose of this letter is to reaffirm AMC Cancer Research Center's strong support for the Colorado American Stop Smoking Intervention Study (ASSIST). Dr. Cullen's letter of September 10, 1990, outlined AMC's enthusiastic support for your application based upon our dedicated mission in cancer prevention and control. Smoking accounts for more cancer deaths than any other risk factor in this country, and AMC is delighted to be a part of and to support you and the American Cancer Society in the statewide effort to address this risk. Let me assure you that AMC is prepared to be an active supporter of and contributor to the ASSIST effort.

On an individual level, I would like to reiterate my understanding and agreement to serve as chairperson of the ASSIST Coalition Board. Moreover, I understand that because of this position I will also be a member of the ASSIST Executive Committee and am prepared to participate actively in that group also.

2023764410

or Health that includes many different organizations, including the Department of Health. We have been involved in helping the coalition try to pass the cigarette excise tax initiative. We are also currently engaged in supporting the protest initiative against the Philip Morris Tobacco Company's "Bill of Rights Tour". We also participate with the American Cancer Society and American Lung Association in our Smoke Free Class of 2000 Project. This program is targeted toward the schools and the students graduating in the year 2000.

The American Heart Association of Colorado is very supportive of the Assist Program. Cigarette smoking is one of the three major risk factors of cardiovascular disease. Cardiovascular diseases kill more people each year than all other causes of death combined. The Association would be willing to provide meeting space for the coalition members on a periodic basis. Additional support would need to be considered by our Program Committee and volunteer leadership.

As I mentioned to you earlier, we are supportive of this initiative and are anxious to see the program supported throughout the state of Colorado. Please do not hesitate to contact me if I can provide you with any additional information at this time.

Sincerely,



Richard P. Brennan  
Executive Director

2023764411



# STATE OF COLORADO

COLORADO DEPARTMENT OF EDUCATION  
201 East Colfax Avenue  
Denver, CO 80203  
FAX: (303) 830-0793



William T. Randall  
Commissioner of Education  
Richard A. Laughlin  
Deputy Commissioner

May 7, 1991

Mr. Walter Young  
Colorado Department of Health  
4210 E. 11th Avenue  
Denver, CO 80220-3716

Dear Mr. Young:

The Colorado Department of Education (CDE) very much wishes to be represented on the ASSIST Coalition. Colorado State Board Goals are:

- To increase the graduation rate
- To improve the attendance rate
- To improve educational achievement.

All three require healthy students to succeed. By serving all Colorado School Districts and Boards of Cooperative Educational Services (BOCES), CDE has influence on over 500,000 students.

CDE has always held a strong belief in Comprehensive Health Education, planned, and sequential for early childhood through Grade 12. Developing healthy habits from a very young age that are reinforced through the years is sound prevention. The Drug Free Schools and Communities Act (DFSCA) program at CDE promotes more specific tobacco prevention/intervention activities. Tobacco free policies are highly encouraged. Also, we work closely with Connie Acott of the Tobacco Free Schools Project to provide as much technical assistance to schools as possible.

CDE, through the High Risk Intervention Unit, is committed to the prevention of tobacco, alcohol, and other drug use by students; teen pregnancy, HIV Aids, dropping out of school, and other self destructive behaviors including suicide. This same unit is committed to the promotion of cultural competency, social skill building, parent involvement, rich early childhood experiences, and other health promoting behaviors.

I personally feel qualified to serve on the ASSIST Coalition because of my long term experience with the Colorado Coalition for Sober Driving and the Colorado School Health Council. And, my experience with the High Risk Intervention Unit has broadened my expertise in all of the high risk areas and how they relate to one another.

2023764412

W. Young  
Page 2  
May 7, 1991

CDE will continue to assist school districts with tobacco prevention/intervention and encourage the use of DFSCA funds for this effort. Presently we are soliciting letters of intent for regional prevention trainings with priority given to those trainings that emphasize tobacco and/or alcohol prevention. Also, we will share mailing lists, labels, and provide signed letters and/or documents from the Commissioner as needed.

CDE fully supports the ASSIST Coalition and offers whatever is necessary to promote the success of this project.

Sincerely,



Mary VanderWall  
Director, DFSCA Act  
High Risk Intervention Unit  
303-866-6766

/s

2023764413

COLORADO EDUCATION  
ASSOCIATION



Cherry Creek Place #1  
3131 So. Vaughn Way - Suite 500  
Aurora, CO 80014-3516

Telephone:  
(303) 695-4300  
WATS 800-332-5939  
FAX 303-696-1797

Affiliated with the  
National Education  
Association

May 14, 1991

Walter Young, Director  
Division of Prevention Programs  
Colorado Department of Health  
4210 East 11th Avenue  
Denver, CO 80220-3716

Dear Walter:

Please accept this letter as evidence of CEA's continued support of the ASSIST program. In September 1990, our Board of Directors unanimously approved a motion to support ASSIST.

The Colorado Education Association is a 28,000-member organization, made up primarily of the state's K-12 public school teachers, as well as higher education faculty and other school employees. Our mission is to "advocate for the interests of education employees and promote quality public education." We employ a staff of 80, half of which are in our headquarters facilities; the rest are located in 17 field offices across the state.

I will take to our Board of Directors at our June meeting a recommendation that we identify a person to serve on the ASSIST Board and to make available our communications network to educate our members about the ASSIST project so that they, in turn, can help Colorado youth deal with tobacco use.

If there is any further information which we can provide, please do not hesitate to contact me.

Sincerely,

Tony J. Rollins, Ph.D.  
Executive Director

TJR/nms

2023764414



Working For Your Health

May 8, 1991

Snip Young  
Director  
Division of Prevention Programs  
Colorado Department of Health  
4210 East 11th Avenue  
Denver, Colorado 80220

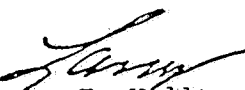
Dear Snip:

This letter is written in support of the Colorado Department of Health's application for funds from the National Cancer Institute's American Stop Smoking Innervation Study (ASSIST). The Colorado Hospital Association is most interested in public health and preventive programs. Over the years we have participated through leadership, education, or communication in the Governor's Blue Ribbon Task Force on Public Health, Colorado Action for Healthy People, and many other public health preventive related activities. This issue of smoking is of concern to us and resulted in the CHA Board of Trustees passing a resolution encouraging all hospitals to implement a smoke-free environment by the end of 1990.

We have been working with the Colorado Department of Health in this area and would continue to act as a liaison between the ASSIST program and the hospitals of Colorado as well as continue to be a reference resource for the smoke-free activities taking place in Colorado hospitals.

Given the importance of this issue, the Hospital Association strongly supports the Department of Health's application for grant funds and urges a serious and favorable consideration of this request.

Sincerely,

  
Larry H. Wall  
President

LHW/pdw

2023764415

Prev. Programs



CRIPPLE CREEK-VICTOR SCHOOL DISTRICT NO. RE-1

P.O. Box 897 • CRIPPLE CREEK, COLORADO 80813 • (719) 689-2685

August 14, 1990

Mr. Thomas M. Vernon  
Colorado Department of Health  
4210 East 11th Avenue  
Denver, Colorado 80220-3716

Re: ASSIST

Dear Dr. Vernon:

I am in receipt of your letter date July 31, 1990. Our school district would be very interested in participating in the ASSIST program as outlined in your letter.

We are very aware of the effect tobacco use has on adults and young people, and agree that the best possible time to end tobacco use is at the school level.

I would be very interested in any further information that you may have on this program.

I look forward to hearing from you in the very near future.

Sincerely yours,

  
Guy Arseneau

GA:jo

2023764416

NORTH SHERIDAN FAMILY PRACTICE ASSOCIATES, P.C.

RICHARD P. BISHOP, M.D.

J. KARYL TING, M.D.

JOHN D. GORDON, M.D.

THOMAS J. LISCHWE, M.D.

JEFFREY J. CAIN, M.D.

KAREN A. JOHNSON, M.D.

NORTH SHERIDAN PROFESSIONAL OFFICES

11550 NORTH SHERIDAN BLVD.  
BROOMFIELD, COLORADO 80020  
(303) 465-2373

April 30, 1991

Snip Young  
Colorado Department of Health  
4210 E. 11th Ave.  
Denver, CO 80220

RE: ASSIST Application

To Whom It May Concern:

I am writing this letter in support of the ASSIST application for the State of Colorado. Doctors Ought To Care (DOC) is a national organization that is composed of volunteer physicians and health workers that work together for more healthful and tobacco free youth. Here in Colorado DOC has organized and co-directed the Tar Wars Children's Tobacco Education Project. Tar Wars was conceived to educate children about the reasons people start to smoke, to contrast the image of tobacco advertising to the reality of tobacco use, and to encourage a smoke free youth. During the last year we had 20,000 children participate across the state. With the support of the Colorado Academy of Family Practice, over 150 family practitioners throughout the state volunteered their time to teach this program. We will continue to direct and manage Tar Wars and hope to expand the program to a regional eight state Rocky Mountain region over the next two years.

Should Colorado receive the ASSIST grant, we will continue to support these goals and work together with the ASSIST program in direct support of a tobacco free youth.

Sincerely,



Jeffrey J. Cain, M.D.  
President, Denver DOC

JJC:tb

2023764417

Department of Preventive Medicine & Biometrics

Campus Box C245      School of Medicine  
4200 East Ninth Avenue  
Denver, Colorado 80262  
(303) 270-\_\_\_\_\_

May 10, 1991

Walter Young, M.A.  
Director, Division of Prevention  
Programs  
Colorado Department of Health  
Box A-026


Dear Snip:

The Department of Preventive Medicine and Biometrics has for a long time been concerned about the effects of tobacco use and its health impact in Colorado. Dr. Laurie Harken, a faculty member in our Epidemiology and Community Health Section, is presently involved in activities that include adolescent smoking cessation and smokeless tobacco prevention research.

As an early discussant regarding the ASSIST Project with the Coalition for a Tobacco-Free Colorado, Dr. Harken is interested in continuing to contribute her efforts to the ASSIST Project. We have also been examining the effect of smoking in diabetics of all ages, and find them to be a particularly high risk subgroup.

The Department is willing to help with the ASSIST Coalition by providing technical assistance in data analysis and related activities and will make available meeting space should it be needed. Where resources permit, we are also committed to serving on Task Groups wherever the Coalition Board has identified a need for our assistance.

Yours sincerely,



Richard F. Hamman, M.D., Dr.P.H.  
Associate Professor and Chair

RFH/tm

Telephone (303) 270-6863  
FAX (303) 270-3183

2023764418

May 12, 1991

Arnold Levinson  
Colo. Dept. of Health  
Div. of Prevention Programs  
4210 E. 11th Ave.  
Denver, Co. 80220

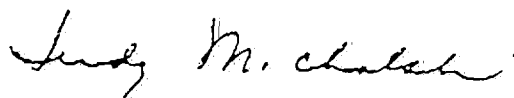
Dear Mr. Levinson,

This letter is to acknowledge School District 9R's support of Debbie Graue's participation on the state coalition of "ASSIST" should Colorado be included in the 12 state National Cancer Institute funded tobacco control pilot program.

Our understanding is that her role includes assessment and planning during the monthly meetings in Denver as well as serving as a liaison to community groups and institutions (including School District 9R) with participation as needed in the implementation phase thereafter.

School District 9R has included tobacco control education as part of a Comprehensive Health Curriculum and welcomes the opportunity to support this pilot program.

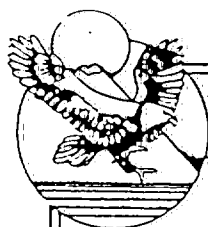
Respectfully,



Dr. Judy Michalski  
Director of Curriculum

2023764419





## EAGLE COUNTY SCHOOL DISTRICT RE 50J

P.O. BOX 740 • EAGLE, COLORADO 81631 • (303) 328-6321 OR 949-5310

PATRICIA C. CONRAN  
SUPERINTENDENT

May 8, 1991

Mr. Walter "Snip" Young  
ASSIST Program Project Director  
X Colorado Department of Health  
Division of Prevention Programs  
4210 East 11th Avenue  
Denver CO 80220-3716

Dear Snip:

On behalf of the Eagle County School District RE-50J, I would like to reaffirm our full support for the Colorado ASSIST project.

Our District has taken a proactive position in policy to prohibit smoking on school grounds and to discourage smoking practices. Our implementation of the smoking cessation policy should help the ASSIST coalition efforts. We also have an educational approach to help end tobacco use. The Eagle County School District health curriculum takes a comprehensive approach to promoting wellness. The health curriculum is taught by classroom teachers and health professionals. Our goals are similar to yours. We look forward to working with you in a cooperative effort to reduce overall smoking in Eagle County and throughout the State, to reduce the number of young people in Eagle County who begin smoking, and to reduce smoking among young people in Eagle County.

Please let me know how our School District can best help you in obtaining the overall objectives for the ASSIST Program in Colorado.

Sincerely yours,

Patricia C. Conran, Ph.D.  
Superintendent

2023764420



REPLY TO  
ATTENTION OF

# DEPARTMENT OF THE ARMY

FITZSIMONS ARMY MEDICAL CENTER  
AURORA, COLORADO 80045-5001

26 April 1991

## GENERAL MEDICINE SERVICE

Mr. Arnold Levinson  
ASSIST Project Planner  
Colorado Department of Health  
4210 East Eleventh Avenue  
Denver, Colorado 80220-3716

Dear Mr. Levinson:

As we discussed on the telephone the other day, General Bowen has forwarded your letter of March 26, 1991 to me. I would be glad to be a point of contact at Fitzsimons and will participate and help in any way that I can. I anticipate that MAJ Ernest Degenhardt, the Internal Medicine Clinic Nurse Practitioner, will also participate as soon as he returns from duty in Saudi Arabia.

The best available estimates for the population at Fitzsimons is:

	Military	Civilian
Fitzsimons Army Medical Ctr	2195	
Other commands on post	130	
-----		
total	2325	2004

I can find no information on the prevalence of smoking in the FAMC population, but as we discussed, I think that we could do a cross-sectional survey study to obtain an estimate. I can be reached at 361-4863. I am eager to participate and look forward to hearing back from you.

Sincerely,

*Michael J. Weaver*

MICHAEL J. WEAVER, M.D.  
COLONEL, MEDICAL CORPS  
Ch, General Medicine Service

2023764421



# Mapleton Public Schools

602 East 64th Avenue

Denver, Colorado 80229

(303) 289-2208

James F. Pacello

Executive Director of Special Projects

May 6, 1991

Mr. Walter Young  
ASSIST Program Director  
Colorado Department of Health  
Division of Prevention Programs  
4210 E. 11th Ave.  
Denver, CO 80220-3716

Dear Snip:

The Mapleton Public Schools, Adams County District One, continues to pledge support to the ASSIST Program.

We have implemented several health programs in our district including the Growing Healthy program from Rocky Mountain Center for Health Promotion and Education. Our focus continues to be substantially reducing if not eliminating the use of tobacco as well as other health risk factors in our schools and community.

We are confident that our association with the ASSIST Program will mutually benefit us as well as, bottom line, the school communities we serve. Please let us know how we can assist with the project from our vantage point.

We look forward to hearing from you and wish you the very best with accomplishing your program goals and objectives.

Sincerely,

  
James F. Pacello

2023764422



MOUNTAIN STATES  
EMPLOYERS COUNCIL, INC.

founded in 1939

May 14, 1991

Mr. Walter F. Young  
ASSIST Program  
c/o Colorado Department of Health  
Division of Prevention Programs  
4210 East 11th Avenue  
Denver, CO 80220-3716

Dear Snip:

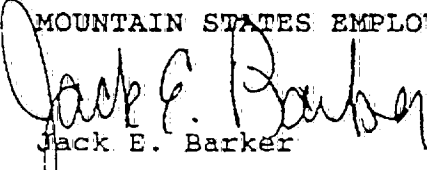
Mountain States Employers Council has been active in the area of medical cost containment for many years. This subject continues to be a high priority for all employers.

The Council is pleased to serve on the ASSIST Coalition Board. Our role will be to educate and update our members on the health problems and costs which are associated with smoking.

Please call me if you have any questions.

Sincerely,

MOUNTAIN STATES EMPLOYERS COUNCIL, INC.

  
Jack E. Barker

JEB/njg

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Chairman and CEO  
Robinson Dairy, Inc.

Vice Chairman of the Board  
Donald E. Miller  
President and Chief Operating Officer  
The Gates Corporation

President  
Kermit L. Dantony  
Mountain States Employers Council, Inc.

Vice President  
Jack E. Barker  
Mountain States Employers Council, Inc.

Treasurer  
Sister Mary Andrew Telle

Assistant Treasurer  
Y. Adelle Estrada  
Mountain States Employers Council, Inc.

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2023764423



# ROCKY MOUNTAIN CANCER INFORMATION SERVICE

SERVING COLORADO, WYOMING  
AND NEW MEXICO

P.O. BOX 7021  
COLORADO SPRINGS, CO 80933

A Joint Public Service of:  
The Penrose - St. Francis  
Healthcare System  
AMC Cancer Research Center  
New Mexico Department of Health  
University of Colorado Cancer Center  
Wyoming Department of Health

May 10, 1991

Walter Young, M.A.  
Director  
Division of Prevention Programs  
Colorado Department of Health  
4210 E. 11th Avenue  
Denver, CO 80220

Dear Walter,

I am pleased to write this letter of support for the ASSIST contract application submitted by the Colorado Department of Health. The Rocky Mountain Cancer Information Service (RMCIS) will provide support in two ways. First, the RMCIS staff will respond to telephone requests for smoking cessation counseling and/or information. These calls will be the result of community education programs. The RMCIS will then provide call data reports for evaluation purposes. These reports will include information on county/zip code of origin, type of caller, where the caller learned of the service, type of inquiry, and behavioral suggestions. This telephone response activity falls under the regular scope of work for the RMCIS staff. All RMCIS telephone staff receive specialized training in smoking cessation counseling and are well qualified for this activity. In addition, the RMCIS maintains an extensive directory of community resources. Included in this resource directory is a listing of smoking cessation programs throughout the state. The telephone response staff will be able to make appropriate referrals to these programs from this directory.

The second area of support will be in participation in the planning phase of the project. As Contract Coordinator for the RMCIS, I will be pleased to participate in this phase of the project. One of the three primary objectives of the CIS program is to participate in community outreach programs.

2023764424

Walter Young, M.A.  
May 10, 1991  
Page Two

Over the nine-year history of the CIS in Colorado, we have participated in a number of outreach activities, many of which have focused on smoking cessation. This experience will be particularly useful in the planning phase of this project.

Again, I am pleased to provide the services of the RMCIS in support of this project and look forward to working with you.

Cordially,



Marsha Woodworth, M.P.H.  
Contract Coordinator  
Rocky Mountain Cancer Information Service

MW/jaw

2023764425



## Smoking Management Clinics

the self-help program

September 28, 1990

Snip Young  
Colorado Department of Health  
4210 E. 11th Avenue  
Denver, CO 80220

Dear Snip:

This letter is to express my support for the goals of the Colorado ASSIST application. I support this project wholeheartedly and am willing to help in any way as directed.

I am a former smoker with a Masters in Public Health (Health Behavior and Health Education) from the University of Michigan. I have been working in the smoking cessation field since 1979. I am the former Associate Director for Smoke Stoppers (National Center for Health Promotion) and have been the Executive Director of the Smoking Management Clinic in Colorado since 1982. Smoking Management Clinics, Inc. conducts smoking cessation programs, seminars, and provides training materials for over 50 hospitals and chemical dependency units nationally including The Betty Ford Center.

Colorado is a highly supportive environment for those who want and need to stop smoking. Leading corporations, and more recently, insurance companies, are sensitive, aware and provide concrete support for their employees and subscribers to quit smoking. Among these leaders are the Adolph Coors Company, Public Service of Colorado, the Manville Corporation, and Amoco. These companies provide 100% of the tuition for employees to attend the Smoking Management Clinic. In addition, beginning in 1989, Blue Cross/Blue Shield began offering 100% tuition reimbursement to its employees and as of October 15, 1990, Blue Cross/Blue Shield is providing tuition support to its subscribers in the form of \$125.00 per person toward payment of tuition. Blue Cross/Blue Shield has 120,000 subscribers state-wide. In addition, Comprecare will be offering a discounted tuition rate for smoking cessation to its subscribers and will be heavily promoting smoking cessation by an intensive direct mail campaign. Comprecare is at the present time also considering tuition support.

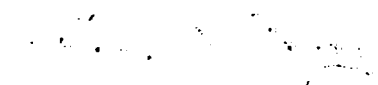
2023764426

Outside of the Denver metro area, under a grant provided by the State of Colorado, Colorado Action for Healthy People, Summit County has for over a year now been providing the Smoking Management Clinic to its employees and residents. Summit County officials consider this project to be highly successful and expect continued and enthusiastic participation through 1991.

If I can provide specific names as references for the above mentioned corporations and the Colorado Action for Healthy People/Summit County project, please contact me and I will be happy to do so. If further information is required please let me know.

We are at your service.

Yours very truly,

  
Kathryn A. Carey, M.P.H.  
Executive Director

KAC:dwv

2023764427





Sterling Regional MedCenter

615 Fairhurst  
PO Box 3500  
Sterling, Colorado 80751-0500  
(303) 522-0122, FAX (303) 522-8532

May 13, 1991

Mr. Walter Young, Director  
Division of Prevention Programs  
Colorado Department of Health  
4210 E. 11th Avenue  
Denver, CO 80220

Dear Mr. Young:

Sterling Regional MedCenter has reviewed the executive summary regarding the ASSIST Coalition Board. Sterling Regional MedCenter is supportive of preventive programs for all of Colorado, and more particularly, for region 2.

Sterling Regional MedCenter goes on record in support of the ASSIST Prevention Program and has appointed Glenda Amen as our primary representative from region 2 per your request, and Pam Werner as her alternate.

Should you required any further information, please feel free to contact me.

Sincerely,

Brian C. Larson  
Chief Executive Officer

BCL/cs

2023764428

## THE COLORADO PREVENTION CENTER

*A Center for Research and Education into Health Promotion and Disease Prevention*

Bruce A. Scoggins, Ph.D.  
Executive Director  
and President  
and the  
Gordon Meiklejohn  
Professor of Medicine

Box 8172  
4200 East Ninth Avenue  
Denver, Colorado 80262  
(303) 333-1019  
FAX (303) 333-0732

May 15, 1991

Walter Snip Young  
Director  
Division of Preventive Programs  
Colorado Department of Health  
4210 E. 11th Avenue  
Denver, CO 80220-3716

Dear Snip:

Our Center is delighted to have an opportunity to work with the Executive Committee and the other members of the Coalition brought together to join the Colorado application to the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST).

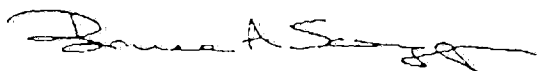
Your strategy of forming Committees and Task Forces to address specific target populations is an excellent one and one in which we hope we will be able to make a significant contribution.

The Colorado Prevention Center is a not-for-profit corporation and the Center for Research and Education into Health Promotion and Disease Prevention at the University of Colorado Health Sciences Center. The role of the Center is to act as a bridge between the academic center at the University and the many community organizations and agencies involved in health promotion. Our role is to assist these community groups in the development, implementation and evaluation of projects. We are also working closely with public and private corporate sector organizations in helping them develop and implement strategies to reduce risk in their employees.

With regard to ASSIST, we would hope that our Center will be a valuable resource to the project with respect to a number of its target populations (e.g. communities and minorities).

We look forward to working with you and your colleagues and in helping you develop the various parts of the program.

Sincerely,



Bruce A. Scoggins, PhD

*Towards Better Health for all Colorado*

The Colorado Prevention Center is affiliated with the University of Colorado Health Sciences Center

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DEPARTMENT OF THE AIR FORCE

USAF ACADEMY HOSPITAL  
UNITED STATES AIR FORCE ACADEMY  
COLORADO SPRINGS, COLORADO 80840 5300

25 April 1991

Mr Arnold Levinson  
ASSIST Project Planner  
Colorado Department of Health  
Division of Prevention Programs  
4210 East 11th Avenue  
Denver, CO 80220-3716

Dear Mr Levinson

Thank you for asking us to participate in the American Stop Smoking Intervention Study sponsored by the National Cancer Institute. I feel strongly in smoking prevention and am pleased to have the opportunity to support such a worthy cause.

Major Suzanne R. Hansen has been appointed your point of contact and will work with you as the representative for the United States Air Force Academy Hospital. As Health Promotion Coordinator for the Academy, Major Hansen is aware of the problems/prevalence of smoking and has numerous resources at her disposal. We will gladly support your study in terms of information sharing, data gathering, and through education of our military, civilian, and dependent populations.

Again, we appreciate the opportunity to contribute our resources and talents to such a worthwhile endeavor. Please feel free to contact Major Hansen at (719) 472-5137 for study requirements or any additional information. Best wishes in your study!

Sincerely

JOHN G. JERNIGAN, Col, USAF, MC  
Command Surgeon/Hospital Commander

2023764430



# VALLEY VIEW HOSPITAL

*Where caring makes the difference*

May 7, 1991

Walter Young, Program Director  
ASSIST Project  
c/o Colorado Department of Health  
Division of Prevention Program  
4210 E. 11th Avenue  
Denver, CO 80220-3716

Dear Mr. Young:

I am very excited about the ASSIST project. Colorado is a great state to quit smoking in. I have spoken to many people who have quit smoking who felt that Colorado, with its healthy robust image, was a factor in their choice for a healthier lifestyle.

I have been involved with smoking cessation for the last six years both as a respiratory therapist at Valley View Hospital and as a facilitator for the American Cancer Society's Fresh Start Program. The Fresh Start Program, at Valley View, is the only on-going smoking cessation program in this area. We provide this support four times a year to a large rural community. Through this exposure I have developed a great deal of empathy for the many people I have met who struggle with their addiction to nicotine. Many of these people have been successful with their cessation to date. However, many of these people have relapsed along the way with additional feelings of failure and a perception of hopelessness. Most smokers would like to quit smoking but lack the skills and strategies for success.

In Glenwood Springs we are fortunate to have a community which supports health and a progressive hospital which is active in disease prevention. Recently Valley View became a smoke-free facility. In conjunction with this policy we have added a bedside smoking cessation program for a one-on-one approach to quitting. This has allowed many patients to take advantage of their hospitalization and quit smoking.

Smoking cessation represents a challenge to both the smoker, trying to quit, and the cessation facilitator. It is a field that has enjoyed much interest and research, but also a field where much more work needs to be done.

Sincerely,

*Claudia Piccione*

Claudia Piccione, RRT

CP/jb

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5. *In order to ensure the involvement necessary to achieve ASSIST objectives, how will Executive Committee and coalition membership be determined? In order to accommodate changing demands, how will the membership of these two bodies expand, adapt, and renew their membership?*

#### Executive Committee

The proposed Executive Committee members are well qualified to direct Colorado ASSIST. All have management experience and demonstrated interest in tobacco control, and all are highly committed to serving. Turnover may still occur if members leave their community positions. Indeed, since the Committee was formed, Dr. Thomas Vernon has moved from Colorado and is no longer available to Colorado ASSIST. His replacement on the Executive Committee is Merrill Stern, assistant director of the Colorado Department of Health, pending the Department's appointment of Dr. Vernon's replacement. Ms. Stern's letter of commitment is provided immediately after this answer.

The composition of the Executive Committee was established jointly by ACS-Colorado and the Department of Health, using the guidelines set forth by NCI in the ASSIST RFP.

If vacancies occur, the Executive Committee will seek to recruit the vacating member's successor and maintain the following membership:

(from the Colorado Department of Health)

- The Executive Director (or an Assistant Director in the Director's absence)
- A member of the Colorado Board of Health
- The Director of the Division of Prevention Programs
- The Executive Director of Colorado Action for Healthy People

(from the ACS-Colorado)

- The Executive Vice President
- The Director of Public Information
- The Director of Public Education
- A volunteer with leadership experience in tobacco control

(from the Coalition)

- The Coalition Board chair
- A delegate from the Coalition for a Tobacco-Free Colorado.

If this makeup cannot be maintained, the Department and ACS will fill vacancies within their respective delegations, but only with members who have extensive management experience and demonstrated interest in tobacco control. Each agency will maintain at least one member on the Executive Committee who has the authority to maintain the agency's resource and policy commitment to ASSIST.

A seat on the Executive Committee will continue to be reserved for the Coalition Board chair, who serves a two-year term and is selected by the Executive Committee. A mid-term vacancy in this position will be filled by the Executive Committee from the Coalition Board membership.

Another seat on the Executive Committee will continue to be reserved for a delegate from the Coalition for a Tobacco-Free Colorado, all of whose board members have management experience and demonstrated interest in tobacco control. This delegate will serve a two-year term.

If the Executive Committee determines that it should expand to accommodate changing demands, it may do so by a majority vote. In keeping with NCI specifications in the RFP, the Committee will not have more than 12 members, the Department and ACS-Colorado delegations will remain equal in number, and the number of community members will not exceed half the Departmental or ACS-Colorado delegations.

#### Coalition Board

The Coalition Board, which will serve as the Coalition's steering committee, includes direct representation of every ASSIST Intervention Region, every Target Population, every Channel, and every Intervention mode. Each Coalition Board member has extensive management experience, demonstrated interest in tobacco control, and expertise in at least one major area of relevance to ASSIST. Based on these same attributes, the Coalition Board, by a majority vote, may expand its membership to accommodate new challenges.

#### Coalition

ASSIST needs a broadly based group that maintains the enthusiastic, energetic support of its members, not just for a few months but for seven years. At every juncture — from site research to planning, to intervention — the Coalition will have to expand, adapt and renew its membership.

The Coalition Joint Task Force and Committee structure is flexible and may be reorganized by the Coalition Board to meet specific objectives at hand.

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Coalition membership will remain open to all organizations that are active or motivated to become active in tobacco control, and that strengthen ASSIST and enhance its reach by meeting at least one of the criteria set forth by the RFP at Page 39:

- They provide health or social services to target populations.
- Their members or constituents include target populations.
- They bring high visibility and credibility to the Project.

The Project Manager, assisted by other Staff members and appropriate Coalition members, will recruit new organizations as the Project's needs evolve. These needs could include wider statewide reach, increased access to specific target populations, expertise in an intervention mode or other areas, greater visibility, or other matters. Contact with prospective members will be made by Project members who hold the best promise for a successful recruitment. Each new member organization will negotiate a clear commitment of support.

As the Project evolves, Coalition members will be faced with new challenges and will need to revise their commitments accordingly. New project-wide initiatives may be developed by the Coalition or proposed by the Coalition Board. Field Directors (and Coordinators during Phase II) will provide assistance and support to ensure that members have the resources needed to redesign their activities as appropriate. Field Directors will make contact at least monthly with all Coalition members.

ASSIST gatherings will be tightly focused on specific tasks in order to prevent meeting burnout. All professional Staff members, including the Project Director, will continuously monitor member involvement. Where involvement appears to be weakening, staff will assess the cause and pursue solutions.

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COLORADO  
DEPARTMENT  
OF HEALTH

ROY ROMER  
Governor

JOEL KOHN  
Interim Executive Director

4210 East 11th Avenue  
Denver, Colorado 80220-3716  
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(303) 322-9076

Parmigiano Place/Denver  
(303) 320-1529

First National Bank Building/Denver  
(303) 355-6559

Grand Junction Office  
(970) 248-7198

May 6, 1991

Mr. Walter "Snip" Young  
Division Director  
Division of Prevention Programs  
Colorado Department of Health  
4210 East 11th Avenue  
Denver, CO 80220

Dear Snip:

I'd like to express my interest and support for implementation of the A.S.S.I.S.T. project. As you know, our department is currently in transition to a permanent Executive Director. I am most willing to serve on the Executive Committee for A.S.S.I.S.T. during this transition phase. When a new Executive Director is appointed, I will request his/her participation on the Executive Committee. Until that time, I look forward to working with you.

Sincerely,

Merril D. Stern  
Assistant Director

MS/al

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6. *Please describe the type and amount of in-kind resources and possible role in tobacco control of each proposed coalition member.*

The proposed Colorado ASSIST Coalition currently includes 60 members that are committed to active and direct participation in the Coalition. Their proposed contributions and possible roles are described in the list that follows.

#### **Contributions and Roles of Colorado ASSIST Coalition Members**

**ACS-Colorado Districts:** Will provide volunteers to represent ASSIST Intervention Regions on the Coalition Board. Will provide office resources in 18 locations, time and effort of more than 50 staff members, a network of 29,740 volunteers, materials, and other support. Volunteers who represent ASSIST Intervention Regions have extensive networks in their communities and will help organize local Coalitions, ensure statewide reach, and disseminate interventions.

**AMC Cancer Research Center:** Will provide technical support and its Acting Director (who is AMC Director of Interventions Research and Applications) to serve as the ASSIST Coalition Board chairman and a member of the Executive Committee. AMC employs about 100 professional and support staff members dedicated to research in cancer prevention and control. Senior staff have significant experience with research and applications related to tobacco control.

**American Heart Association of Colorado:** Will provide educational materials, meeting space, and a statewide network of volunteers to support implementation.

**American Lung Association of Colorado:** Will provide its Executive Director to serve on the Executive Committee; tobacco-control materials and protocols, and technical and implementation support from 10 staff members and 200 volunteers who have extensive expertise in tobacco control.

**American Respiratory Care Services:** Will provide staff time, meeting space and mailings. ARCS employs seven credentialed respiratory therapists and two nurses. It provides home health care in Metropolitan Denver and has participated in the Great American Smoke-out, the Coalition for a Tobacco-Free Colorado, the ALA speaker's bureau, and other tobacco-control activities.

**Boy Scouts of America Denver Area Council:** Will provide a Coalition Board member with expertise in the Youth Target Population; will implement ASSIST among its 12,000 volunteers and 25,000 youth members, and will solicit similar participation from other Colorado Boy Scouts and Girl Scouts councils. The Council occupies a smoke-free office, does not permit smoking in camp buildings, and is moving toward a total no-smoking policy.

**Brighton Public Schools:** This district of 4,000 students, 500 staff and 17,000 constituents will provide staff time and expertise, meeting space in schools, and support for surveys and other necessary research. The District is tobacco-free.

**Cherry Creek Schools:** This district of 2,800 students will determine how best to contribute once ASSIST begins. The District is tobacco-free and supports cooperative efforts with other institutions.

**Coalition for a Tobacco-Free Colorado:** Will be represented on the Coalition Board and Executive Committee, will provide technical support in planning all types of ASSIST interventions, and will implement interventions. CTFC members comprise 24 public and private health-related organizations. Its primary mission is "to educate the public about the health risks of tobacco use and to promote a tobacco-free environment." It has an annual operating budget of \$23,000 plus \$18,000 of in-kind contributions from member agencies. It publishes a quarterly newsletter.

**Colorado Action for Healthy People:** Will provide its Executive Director to serve on the Executive Committee, and technical support, particularly in developing local community participation. This collaborative health promotion program, housed in the Division of Prevention Programs and funded privately, provides funding, technical assistance and training for community-based health assessments and intervention projects. CAHP has initiated and supported more than 50 community-based projects that have reached a combined total of more than 300,000 Colorado residents.

**Colorado Association of School Boards:** Will provide its mailing list of members of nearly all (172 of 176) local school boards; will disseminate information about ASSIST planning and interventions through its newsletter; will seek opportunities to include ASSIST programs in annual convention activities, and will provide the legal expertise of a staff attorney who has worked on tobacco control in schools. The Association has recommended that its districts adopt tobacco-free policies and has conducted programs on tobacco-free schools at annual conventions.

**Colorado Community Health Network:** Will disseminate ASSIST information to member organizations, which are the community and migrant health centers that provide care to more than 100,000 unserved and underserved residents throughout Colorado. Once under way, the Project expects to recruit individual Network-member organizations, which have extensive access to rural and minority populations in Colorado.

**Colorado Department of Education:** Will provide school contacts, mailing lists and labels, and the written endorsement of the Colorado Commissioner of Education for ASSIST plans and activities in districts throughout the state. The Department promotes tobacco prevention and intervention, and encourages districts to adopt tobacco-free policies.

**Colorado Education Association:** Will disseminate ASSIST information and interventions through its communications networks to 28,000 members, and will help identify strategies for recruiting other unions to the Coalition.

**Colorado Family Community Leadership:** Will "help in any way we can." CFCL has 300 leadership volunteers statewide who encourage, train and support people, particularly women, to be involved in local policy-making activities. The group can help develop local participation in ASSIST planning and decision-making, provide access to the female Target Population, and help ensure that implementation occurs on the local level and throughout the entire state.

**Colorado Health and Environment Council:** Will be represented on the Coalition Board, and will provide networking, data and tobacco-control ideas and experience of its members. The Council has no staff; technical support and staff time will come from member agencies. The Council comprises managerial-level staff members of local health departments, including executive directors, nursing directors, environmental health directors, business managers, and county health nurses. The group meets bimonthly to address a variety of health and environmental issues.

**Colorado Health Officers Association:** Will be represented on the Coalition Board, and will provide technical support and networking. The Association comprises the directors of Colorado's local health departments. It meets bimonthly to address policy and other health issues. The group can mobilize local health department resources on behalf of ASSIST and can help the project reach local constituencies.

**Colorado Hospital Association:** Will disseminate ASSIST information to managers of the state's hospitals. CHA has resolved that member hospitals should be smoke-free. This membership organization will help shape ASSIST Health-channel interventions for successful integration into hospital protocols, recruit local hospital participation in ASSIST, and disseminate the Project to hospitals statewide.

**Colorado National Organization for Women:** Will provide its State Coordinator to serve on the Coalition Board, will help identify and recruit other women's organizations, and will promote ASSIST to 6,000 members through its newsletter and other means.

**Colorado Public Health Association:** Will provide its Health Education Section chairperson to serve in the Coalition, technical support, meeting space, labor, endorsements, and "any additional contributions (e.g. promotional materials, organizing events, etc.) which may be possible and appropriate."

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**Colorado School Health Council:** Will provide the Director of the Tobacco-Free Schools Project to serve on the Coalition Board; expertise in the youth target population; contacts in virtually all school districts; the time and mileage of its 180 member professionals throughout the state, and dissemination of ASSIST through the Council's newsletter.

**Colorado Society for Respiratory Care:** Will provide its President to represent ASSIST Intervention Region 4 on the Coalition Board; technical support from a membership of 520 Registered Respiratory Therapists statewide, and dissemination of ASSIST interventions through members.

**Colorado State University Cooperative Extension 4-H/Youth Development Program:** Will provide a professional-level staff member to serve on the Coalition Board; disseminate ASSIST interventions through its bimonthly newsletter and a statewide network of 57 county offices; promote anti-smoking projects among clubs, and encourage members to disseminate interventions to other youth. The Program has 16,500 youth members ages 5-19 and 11,000 adult volunteers, and reaches 90,000 young Coloradans through workshops and educational programs that teach decision-making, leadership and other life skills.

**Colorado Task Force on Cancer among Blacks:** Will provide its Chairman to serve on the Coalition Board; expertise in health promotion among the black target population; dissemination of ASSIST, and support from its highly influential members.

**Cripple Creek-Victor School District:** This district of 300 students has participated in the Great American Smoke-Out and Jump Rope for Heart. The District will participate in ASSIST but does not yet commit in-kind support.

**Denver Department of Health and Hospitals:** Will incorporate ASSIST interventions into clinical cessation and patient/community health education programs. The Department has a Tobacco Education Committee, comprising physicians, nurses, social workers and respiratory therapists, that will coordinate activities with ASSIST. The Committee has developed cessation programs for outpatient clinics and plans to provide cessation programs for inpatients and staff, train caregivers, provide cessation counseling, and promote general public awareness of the dangers of tobacco use. The Department serves more than 100,000 patients a year, 40 percent of whom are Hispanic, 20 percent are black, and most are medically indigent.

**Denver Doctors Ought to Care (DOC):** Will provide technical support, with expertise in tobacco-control training of medical professionals, and continued work on the Tar Wars youth education project.

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**Denver Police Department:** Will provide time and effort of officers from the Health/Fitness Section of the Health Management Bureau; will disseminate ASSIST information to Denver officers and other jurisdictions through the daily Police Bulletin and daily FitNotes; will provide speakers to youth and adults when requested, and will provide office space for an ASSIST staff person if needed. (The Police Department has housed a Colorado Department of Health AIDS specialist during the past year.) Denver Police Department facilities have been smoke-free for two years. The department requires prospective employees to sign a tobacco non-use statement and was instrumental in having Mayor Peña ban smoking in city buildings.

**Department of Preventive Medicine and Biometrics:** Will provide technical assistance, data analysis and related activities, and will make meeting space available. The Department, in the University of Colorado School of Medicine, trains medical students and offers a Master of Public Health degree in Preventive Medicine.

**Durango School District:** Will provide its Health Services Co-coordinator to represent ASSIST Region 6 on the Coalition Board and will respond to initiatives to coordinate and implement district-wide ASSIST interventions to 4,000 students through its teachers and school nurses.

**Eagle County School District:** Will provide expertise in school-based tobacco policies and will disseminate ASSIST interventions to its 2,550 students and its staff.

**East Grand School District:** Will provide its District Nurse to represent ASSIST Region 7 on the Coalition Board; expertise in writing and implementing school district policy (the District is tobacco-free), and dissemination of ASSIST interventions to students.

**Edward O. Romero:** Will serve on the Coalition Board, help identify and recruit key Hispanic community organizations, and provide expert knowledge of media interventions. Highlights of Mr. Romero's network in the Hispanic community are presented in the answer to Factor 3, Question 2.

**Fitzsimons Army Medical Center:** Will conduct a smoking prevalence survey of its population and will seek other opportunities to contribute during Coalition planning. The center has an active smoking cessation clinic. The commander, Brig. Gen. Thomas E. Bowen, is highly supportive of the ASSIST Project and has assigned Dr. Michael Weaver, an internist, to participate and determine how Fitzsimons can best provide support.

**Fort Collins Family Medicine Center:** Will provide its Health Promotion Coordinator to represent ASSIST Region 1 on the Coalition Board; expertise in the education of health professionals, and dissemination of ASSIST interventions to student physicians in its residency program located near the rural Eastern Plains.

**GASP of Colorado:** Will provide technical expertise, especially in the areas of education and clean indoor-air policy development. Will disseminate ASSIST information through its newsletter to 1,400 members and 6,000 non-member supporters.

**Gilpin County Community Health Nursing Services:** Will provide its head County Nurse to serve on the Coalition Board, and expertise in marketing and conducting smoking cessation classes and in developing community-based health promotion programs.

**Hall of Life:** Will provide meeting facilities, the support of museum volunteers, and dissemination of ASSIST information through its newsletter. The Hall, which is part of the Denver Museum of Natural History, is visited by more than 100,000 Colorado children per year. It conducts a variety of tobacco control activities, both on premises and in schools.

**Harrison School District:** This district of 10,000 students hopes to receive help and support from ASSIST that will lead to the elimination of tobacco use among students and staff. With no previous experience in tobacco control, the District will implement ASSIST interventions and, if successful, provide assistance to other districts.

**Huerfano County Medical Center:** Will provide its Radiology Manager to represent ASSIST Region 3 on the Coalition Board, and will provide financial support.

**Jefferson County Health Department:** Will provide the time and effort of its Executive Director and three health educators, as well as office services and possibly meeting space. The Department has conducted successful tobacco-control projects at work sites, in schools and among community groups in a county with 425,000 residents.

**Kaiser Permanente:** Will provide its Manager of Public Affairs to serve on the Coalition Board; will work to implement ASSIST interventions among its 300 physicians and 240,000 members in the Front Range, and will consider additional support as ASSIST takes shape. Kaiser currently supports a children's theater with health and safety messages, underwrites smoking cessation courses for members, and distributes a quarterly magazine to members.

**Larimer County Health Department:** Will provide its Health Education Supervisor to serve on the Coalition, and other staff time as appropriate. The Department conducts tobacco-control activities, including one aimed at women, called "FACT — Females Against Cigarettes and Tobacco."

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**Linda Benzel:** Will serve on the Coalition Board, provide expertise in Media Interventions, and help produce media messages and programs for ASSIST. Ms. Benzel is a news anchor for KUSA-TV Channel 9, which consistently attracts the largest share of Colorado's television viewing public.

**Mapleton Public Schools:** Will provide staff time and effort for planning and interventions. The District has 4,700 students and 300 staff; it currently offers tobacco cessation classes and has experience in distributing prevention and cessation materials to students and staff.

**Mesa County Valley School District:** Will disseminate ASSIST interventions to district employees. The District, located on the Western Slope, can play a key networking role for ASSIST in outlying western regions of the state.

**Mountain States Employers Council:** Will disseminate ASSIST information through meetings, newsletters and briefing sessions to 1,500 employers in the Rocky Mountain Region.

**Presbyterian/St. Luke's Center for Health Sciences Education:** Will provide a Research Associate (an ACS volunteer with national-level expertise in tobacco-control protocols for respiratory therapists) to serve on the Executive Committee and on Coalition committees. Will also provide educational programs and consultations to hospitals that seek to develop cessation programs as a result of ASSIST efforts.

**Rocky Mountain Cancer Information Service:** Will share its expertise in developing community outreach programs, and will collect and provide data on the frequency, location, and nature of telephone requests for information and materials about tobacco use.

**Rocky Mountain Center for Health Promotion and Education:** Will disseminate ASSIST information through its trainings and newsletters, and will provide expertise in designing interventions for the Youth Target Population. The Center has trained thousands of school teachers nationwide in health education, including tobacco control. Its curricula, "Growing Healthy" and "Teen Health Teaching Materials," have been shown to reduce tobacco use among young people when administered by properly trained teachers.

**Sen. Sally Hopper:** Will serve on the Coalition Board and provide expertise in designing policy interventions. Senator Hopper, who chairs the Senate Health, Environment, Welfare and Institutions Committee, has initiated and supported a number of tobacco-control measures.

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**Sen. Bonnie Allison:** Will serve on the Coalition Board and provide expertise in the policy interventions mode. Senator Allison is a member of the Colorado Senate and President of ACS-Colorado's Jefferson County Unit.

**Smoking Management Clinics:** Will provide technical expertise in cessation programs. The Executive Director, Kathryn Carey, is former Associate Director of the Smoke Stoppers program of the National Center for Health Promotion.

**Sterling Regional Medical Center:** Will provide its Wellness Coordinator and its Nutrition Services/Wellness Manager to represent ASSIST Region 2 on the Coalition Board. The Center is the primary care provider in a six-county rural area.

**The Colorado Prevention Center:** Will provide technical support for evaluation of community-based ASSIST activities.

**The Colorado Trust:** Will provide staff technical support, and will consider funding support for local ASSIST Coalitions. The Trust is currently planning a three-year, \$600,000 community-based initiative in tobacco control that is based on the ASSIST model. The Trust is Colorado's largest foundation, focuses exclusively on public health, and has funded a number of tobacco-control projects.

**University of Colorado Cancer Center:** Will provide speakers, public-relations and biostatistical support, and volunteers. The Center has 220 members from 14 institutions involved with cancer research, clinical care, control and education. It serves the seven-state Rocky Mountain region.

**U.S. Air Force Academy:** Will provide cadets to speak in grade schools about the joys of flying and the conflict with smoking. The Academy currently bars cigarette vending machine sales and conducts bimonthly smoking cessation classes with a 45 percent success rate at six months.

**Valley View Hospital:** Will provide its Director of Cardiopulmonary Services to represent ASSIST Region 4 on the Coalition Board. The hospital serves 16,000 residents within 50 mile radius.

**Weld County Department of Health:** Will provide technical support, office facilities for ASSIST activities, and outreach to enlist community support among the 143,000 residents of this largely rural county on the Eastern Plains. The Department is an active member of the Coalition for a Tobacco-Free Colorado.

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#### Factor 4: KEY STAFF

1. *Please indicate which, if any, of the proposed program staff are bilingual. If no staff are bilingual please indicate how you will address this need in light of the substantial Spanish population in Colorado. If you do not intend to address this issue please provide the justification for not doing so.*

**Summary Answer:** Colorado ASSIST has assembled a staff that has extensive collective experience designing and implementing public health interventions for Hispanic populations. Two professionals affiliated with Colorado ASSIST will facilitate communications with Coloradans who speak Spanish and not English.

No key Project staff member is bilingual. The Project Director, Mr. Young, in his capacity as Director of the Colorado Department of Health Division of Prevention Programs, employs a full-time professional in the Cancer Control Program who is a native Spanish speaker. This person, Alma Vigo-Morales, is a Health Planning Specialist for the NCI-funded grant, Breast and Cervical Cancer Screening Among Hispanic Women. Ms. Vigo-Morales will be available to ASSIST when needs arise for bilingual communications.

In addition, a proposed Colorado ASSIST consultant, Arnold Levinson, is bilingual and has conducted journalistic research in Central America.

Hispanics comprise 13 percent of Colorado's population and represent a major target population for ASSIST. The vast majority of Colorado Hispanics are English-speaking natives of the United States, according to Census Bureau data and key Hispanic informants. The 1980 Census found that 94 percent of Colorado's 341,435 Hispanics were born in the United States. Among people 5 years and older, only about 20,000 Spanish-speaking people did not speak English.

Colorado ASSIST will conduct bilingual communications through Ms. Vigo-Morales and Mr. Levinson.

In addition to bilingual capability, Colorado ASSIST must have cultural awareness and sensitivity to reach the large Hispanic population. Indeed, sensitivity may be the most important element in successful communications with all minority populations. Colorado ASSIST key staff members have extensive experience that demonstrates their cultural knowledge and successful work with Hispanic populations.

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• Mr. Young, the Project Director and Director of the Division of Prevention Programs, has had 16 years of experience developing public health programs in Colorado. He is keenly aware of the need for special efforts to communicate with hard-to-reach populations. This sensitivity is evidenced by the many special populations projects being conducted in the Division of Prevention Programs, e.g. the NCI-funded Breast and Cervical Cancer Screening Project among Hispanic Women (described above at page 17), and the CDC-funded Colorado Women's Cancer Prevention and Control Project among low-income black women (described above at page 19). Mr. Young is the only outside consultant to serve on the Health Promotion/Disease Prevention Task Force of the Denver Department of Health and Hospitals. More than 60 percent of this health-care system's patients system are members of minority populations (Hispanics, African-Americans, Asians and American Indians).

• Ms. Salas, the Project Manager, has developed Spanish smoking-cessation materials for low-income pregnant women as part of the Colorado Smoking Cessation in Pregnancy Research Study. The Project has identified a minimum of four Spanish dialects spoken in the state, and has determined that a low-literacy segment of the target population is best reached through pictorial materials. As a training consultant to the Centers for Disease Control, Ms. Salas is currently training public health workers throughout the nation in the use of prenatal smoking-cessation materials for low-income patients.

• Ms. Schuster, a Field Director who is currently employed by Colorado Action for Healthy People, is CAHP's primary consultant to culturally diverse communities that enact health promotion projects. She has worked extensively with minority populations:

She was employed as a staffperson to the Michigan House Civil Rights Committee, addressing housing, unemployment and farmworker issues.

She was employed as a policy analyst by the Latin American Research And Service Agency (LARASA), in Denver, addressing demographics, immigration reform, tuition tax credits, school drop-out prevention, and farmworker sanitation. During her tenure with LARASA, Ms. Schuster developed ties with key Hispanic leaders and community organizations.

She served as a campaign fundraiser for state Sen. Polly Baca's 1986 congressional bid, working closely with Colorado Hispanic organizations that supported the campaign.

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- Ms. Pritzl, Field Director, is not fluent but has formal training in Spanish and has worked successfully with Hispanic and culturally diverse populations. She has served as a health educator in the Colorado Migrant Health Program, which reaches a large Hispanic population. At Swedish Medical Center, in Metropolitan Denver, she served as the primary consultant for health promotion programming to southern Colorado, where the population is disproportionately (25 percent) Hispanic.

In summary, all key staff members of Colorado ASSIST have the knowledge and sensitivity essential to successful health promotion among Hispanic populations.

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2. *Please document media experience of key staff and explain how it will be supplemented if necessary.*

All key staff members have comprehensive experience with the news media, including promotion of projects and response to media-initiated interviews. This experience will be supplemented by the services of a Colorado Department of Health Public Relations Specialist, the Department's Office of External Relations, and the services of a proposed Colorado ASSIST consultant who has extensive professional experience as a journalist.

- Mr. Young, the Project Director and President of the Coalition for a Tobacco-Free Colorado, has activated the news media to disseminate research findings, epidemiological data and state plans to the public. He has appeared numerous times on local television to discuss tobacco-related topics, including the 1988 Colorado Board of Health hearings on the RJR Premier cigarette, and a 1990 survey of illegal tobacco sales to minors that prompted a local television station to conduct its own informal, undercover survey.

In April 1990, Mr. Young allocated discretionary funds within the Division of Prevention Programs to hire a fulltime Public Relations Specialist. This person helps all programs in the Division (ASSIST will be one) to develop public information plans and supports public information activities through coordination of news conferences, preparation of news releases, and media promotion of public events.

The Public Relations Specialist, as well as the Department of Health Office of External Affairs, will provide support for Colorado ASSIST's public information and media activities.

- Ms. Salas, the Project Manager, has worked with a variety of Colorado media outlets to promote smoking cessation during pregnancy. She has appeared on noon and evening programs for KMGH-TV Channel 7 and KWGN-TV Channel 2 (both in Metropolitan Denver) to discuss healthy pregnancy and the importance of tobacco avoidance. Both daily Denver newspapers, with combined circulation of more than 600,000 daily and 800,000 Sundays, have interviewed Ms. Salas and published articles on Colorado studies of smoking cessation in pregnancy. Other local Colorado newspapers and radio stations also have interviewed Ms. Salas and published articles or aired programs on health issues, including smoking during pregnancy.

- Ms. Schuster, a Field Director, has two years of formal training in broadcast media and has promoted health and other projects during her 12-year career in the public and non-profit sectors. She has coordinated news conferences, written media advisories and news releases, and organized media coverage of public hearings and other events. She has contributed articles to a variety of newsletters, and edited a bimonthly newsletter while employed by LARASA.

- Ms. Pritzl, a Field Director, has written, edited, taken photographs for and laid out a bimonthly employee health newsletter for five years. She has written health and benefits articles for a statewide employee newsletter. She has extensive public-speaking experience, has produced multi-media presentations, prepared news releases, and been interviewed for radio programs.

In addition to key staff, a proposed Colorado ASSIST consultant, Arnold Levinson, has extensive experience as a journalist. He worked for seven years as a reporter and editor in positions of increasing responsibility with major Colorado newspapers, including the largest daily, the *Rocky Mountain News*. He has also provided media-relations services, including preparation of news releases and preparation for media contacts, for a variety of clients and a previous employer, the University of California at San Francisco. (Mr. Levinson's resume is provided at pp. 84 of this document.)

Mr. Levinson maintains an extensive network of contacts in the Colorado news community. His services to Colorado ASSIST will include extensive consultation and assistance with media and other public communications.

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3. *Please consider listing the subcontractor as a consultant, since only direct labor has been provided for him. If he remains a subcontractor, additional information should be provided regarding the subcontractor's role and responsibilities and how they are consistent with the State of Work, as well as a subcontract budget. The position of Document Development Specialist is not listed in the RFP and justification for this position should be included.*

Upon reexamination, the subcontractor designation for Mr. Levinson is withdrawn.

The expertise that Mr. Levinson has acquired through the development of Colorado's ASSIST application has caused us to expand his role with the Project and to designate him as a consultant.

Mr. Levinson, who has formal training in health policy, has assisted extensively in the design of Colorado ASSIST and the preparation of the Project's contract application. Since March 1990, he has served as a consultant to Mr. Young, the Project Director, and is now a recognized part of Colorado ASSIST.

Employment of Mr. Levinson as a consultant to Colorado ASSIST offers four benefits:

First, Mr. Levinson was instrumental in recruiting Coalition members and designing the Project. His ongoing participation will provide continuity for Coalition members and consistency as the Project evolves.

Second, the Project will be able to draw on Mr. Levinson's expertise in Colorado media. He has seven years experience in major Colorado newspapers, including four years in management.

Third, Mr. Levinson, who speaks and reads Spanish and has worked as a journalist in Central America, can help develop bilingual or Spanish-language documents and help provide access to the Hispanic target population.

Finally, the Project will be assured of high-quality and efficiently developed documents through Mr. Levinson's planning and editing expertise in this area.

Mr. Levinson will provide consultation to Project Staff in the following areas:

- Planning, organization and editing of all ASSIST documents, including the Site Analysis, the Comprehensive Smoking Control Plan and the Project Management Plan. (Project staff will author the documents.)

- Technical issues related to program planning and implementation.
- Community environment assessment.
- Planning and implementation of media strategies.
- Spanish-language communications.

Mr. Levinson will work a total of 930 hours (.25 FTE) during Phase I and will be responsible to the Project Manager, Ms. Salas. At the discretion of the Project Manager, he will perform his duties in the Colorado ASSIST offices, in the field, or in the offices of his private company. He will submit a monthly invoice for his hours provided to ASSIST.

Mr. Levinson's hourly rate is \$50, including fringes and furnished office space for himself. Mr. Levinson's facilities are equipped with a telephone (no. 303/698-0365), fax machine (Sharp FO510, telephone no. 303/744-9646), and PC workstation (386-25 IBM equivalent with 90 mb hard drive (60 mb currently data-free), 2400 baud modem, S-VGA [1024x768] driver and monitor, daisywheel and HP LaserJet IIP printers, and WordPerfect 5.1 and SmartCom III [Hayes telecommunications] software).

The Project will offset Mr. Levinson's hours through a .25 reduction in direct Staff hours at the Field Director level. We feel this represents a better use of this fractional position than the employment of a part-time Field Director or a position shared with another program.

The next pages provide Mr. Levinson's resume and letter of commitment.

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Arnold Levinson

**REDACTED**

### Current Professional Summary

Consultant and writer, providing planning and document services  
to non-profit health institutions, public agencies and others.  
Research, writing, editing, project management and consultation, especially re:

- Funding Applications
- Communications Plans
- Program Plans and Reports
  - Publications

### Published in:

- (Magazines) *Medical Self-Care, San Francisco, Science '80, Time, Inquiry, UCSF*
- (Newspapers) *Los Angeles Times, Newsday, San Francisco Examiner, Dallas Morning News, Albuquerque Journal, Cleveland Plain Dealer, Rocky Mountain News, Colorado Springs Gazette Telegraph*

### Highlights of Previous Experience

- University instructor in writing and editing for health policy students
- Medical research writer, University of California at San Francisco
  - Reporter and assistant city editor, *Rocky Mountain News*
  - City editor, *Colorado Springs Gazette Telegraph*
  - Formal education in health policy
  - Science Writing Fellow,  
American Assn. for the Advancement of Science
- Member, Phi Beta Kappa Society

2023764451



## EDUCATION

Bachelor of Arts  
with honors  
UC-Berkeley  
(1977)

- Health Policy
- Natural-resource economics minor.
  - Graduate-level courses in epidemiology, toxicology, industrial hygiene.
  - Sequences in biology, chemistry, physics, calculus, statistics.
  - 4.0 (A) grade average.

Master of Journalism  
UC-Berkeley  
(1980)

- Thesis on cesarean section and the comparative safety of childbirth at home vs. hospital, published in *Medical Self-Care* and *San Francisco* magazines.

## EMPLOYMENT HISTORY

Laney College, Oakland, Calif.  
September 1974 through June 1975  
University of California, Berkeley  
September 1977 through June 1978

Tutor. Lessons in English, introductory physics, biology and chemistry.

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University of California, Berkeley  
September 1979 through January 1981.

Associate Instructor, health policy. Taught writing, self-editing and research methods to undergraduates. Taught course on risk assessment. Taught section of survey course on cancer. Supervised and graded senior theses.

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University of California, San Francisco  
February 1981 through June 1982

Public Information Representative. Wrote news releases and magazine articles on wide range of medical research topics. Chose faculty to respond to media requests, assisted in interviews.

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Arnold Levinson  
— Resume, Page 3. —

EMPLOYMENT HISTORY, cont.

*Rocky Mountain News*, Denver CO  
September 13, 1982, to December 4, 1987

Reporter (28 months). Wrote news articles, features, series, projects.

Assistant City Editor (three years). Night City Editor, Government/Politics Editor, Sunday/Projects Editor. Supervised reporters, assigned and edited news articles, coordinated text and artwork.

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*Colorado Springs Gazette Telegraph*  
July 1, 1988, to December 11, 1989

City Editor/Day City Editor. Department head for 24 reporters and editors.

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Arnold Levinson  
January 1988 to June 30, 1988  
December 1989 to present

Proprietor. Develop funding applications, program plans, communications strategies, other written materials for businesses, non-profit institutions, public agencies, professionals.

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REDACTED

2023764453

FOREIGN LANGUAGE

Spanish

ARNOLD LEVINSON

LS

WRITING • EDITING • RESEARCH • MEDIA STRATEGY

May 10, 1991

Walter Young  
Colorado Dept. of Health  
4210 East 11th Ave.  
Denver CO 80220

Dear Snip:

This letter confirms my commitment and availability to serve as a consultant to Colorado ASSIST should the project be funded.

I understand that I will provide consultation in the following areas:

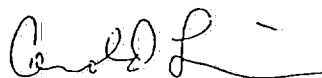
- Planning, organization and editing of ASSIST documents.
- Technical issues related to program planning and implementation.
- Community environmental assessment.
- Planning and implementation of media strategies.
- Spanish-language communications.

I understand that my services will be required during a two-year period between September 30, 1991 and September 30, 1993, such dates being subject to change by the Project funders.

I expect these tasks to require a total of 930 hours of my time and effort, for which I would be paid at my customary rate of \$50 per hour. The rate includes my indirect costs and, at your discretion, may include my use of my company's office space and equipment, rather than space and equipment allocated to the Project at the Colorado Department of Health.

I look forward to working with you on this urgently needed and highly worthwhile project.

Sincerely,



Arnold Levinson

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4. *The estimated number of smokers was not clearly listed and may not be correct, leading to a miscalculation of the required staff. The number of smokers should be determined using the formula and references on page 213 of the Uniform Budget Assumptions. Please show recalculations and amend proposed staffing accordingly.*

The original Technical Proposal calculation was based on a population base of people ages 16 and older. The recalculation is based on the entire Colorado population.

**Recalculation:**

3,301,000 population X .273 prevalence rate = 901,000 smokers.

The positions of Field Director, Field Coordinator and Secretary are augmented by 1.25 FTE each, a level that is .25 FTE higher than the previously calculated level.

5. *The proposed Community Health Promotion Specialist is proposed at .1 FTE. Please justify the utility of this level of effort and describe specific roles and responsibilities for this position.*

This position has been removed from the Project. The expertise of the Community Health Promotion Specialist, Ms. Hill, Executive Director of Colorado Action for Healthy People, will remain available to ASSIST through her membership on the Executive Committee.

6. *The proposal lists two Field Directors as Health Planning Consultants. It is not clear whether this is a job classification within the State health department or a title to be assigned to individuals through ASSIST. Please clarify and present them as subcontracts if they are not health department employees.*

The designation "Health Planning Consultant" is a job classification within the Colorado Department of Health.

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## Factor 5: FACILITIES

1. *Please verify the number of computer stations that currently have modems and e-mail capabilities.*

Thirty terminals in the Division of Prevention Programs are linked to a Compaq 386-20 PC and have e-mail capability with one another through the Compaq. The Compaq is equipped with a modem, and plans are underway to install software that will give the 30 terminals e-mail capability with other computers outside the multi-user Compaq system.

A PC work station with a modem serves a Centers for Disease Control advisor who is detailed to the Division's Diabetes Control Program. The CDC advisor has e-mail capability with the Compaq multi-user system through modem link-up, as well as with other computers via modem.

A portable PC is equipped with a modem.

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### BUSINESS PROPOSAL QUESTIONS

1. *Please provide annual estimates for national travel as per the Uniform Budget Assumptions.*

National Travel per the Uniform Budget Assumptions will consist of trips to Coordinating Committee meetings and to Training and Information Exchange Conferences. The following tables provide annual estimates for these types of travel.

	# trips	# people	# nights	\$ hotel	\$ airfare	Total
Year 1	2	1	2	127	1016	\$2,540
Year 2	2	1	2	133	1070	\$2,672
Year 3	3	1	2	140	1127	\$4,221
Year 4	3	1	2	147	1187	\$4,443
Year 5	2	1	2	153	1250	\$3,112
Year 6	2	1	2	162	1316	\$3,280
Year 7	2	1	2	170	1386	\$3,452

Travel to Coordinating Committee Meetings

	# trips	# people	# nights	\$ hotel	\$ airfare	Total
Year 1	3	2	2	127	1016	\$5,080
	1	2	2	123	852	\$2,196
Year 2	2	2	2	133	1070	\$5,344
Year 3	8	2	2	140	1127	\$22,512
	4	2	2	137	945	\$9,752
Year 4	6	2	2	147	1187	\$17,772
	4	2	2	142	995	\$10,232
Year 5	2	2	2	153	1250	\$6,224
Year 6	2	2	2	162	1316	\$6,560
Year 7	2	2	2	170	1386	\$6,904

Travel to Training and Information Exchange Conferences

2. *Please provide detailed justification and annual estimates for local travel for ASSIST staff.*

Colorado ASSIST Field Directors and Field Coordinators will travel extensively within Colorado to accomplish their assigned tasks and objectives. In addition, Project Staff will make two local trips during Phase I to conduct public hearings on the Draft Tobacco Control Plan.

The limited need for local travel by the Project Director and the Project Manager will be met by having them accompany Field Directors and Coordinators on non-overnight local trips and make occasional trips in place of scheduled Field Director/Coordinator monthly travel.

The table below provides a summary of costs for statewide local travel by the Field Directors and Field Coordinators; local Staff travel to public hearings, and Staff travel within Metropolitan Denver. Subsequent pages provide detailed justification and annual estimates for each type of travel.

	Public Hearings	Field Dirs.	Field Coords.	Metro. Denver	Totals
Year 1		24708		1512	\$26,220
Year 2	1343	25909		1512	28,764
Year 3		13627	9383	2052	29,542
Year 4		14316	9703	2052	30,761
Year 5		15005	10023	2052	31,986
Year 6		15709	10407	2052	33,314
Year 7		16531	10791	2052	34,760

Summary of Staff Travel

### Statewide Local Travel by Field Directors

Colorado ASSIST has seven Intervention Regions. (A map is provided in the original Technical Proposal, Appendix 3; note that Region 1, non-Denver urban counties, comprises three non-contiguous sectors.) Field Directors will travel to the Regions to support and guide Regional Representatives and local organizations, recruit Coalition members, develop local ASSIST Coalitions, and conduct other activities related to ASSIST planning and implementation.

During Phase I (Years 1 and 2), Field Directors will visit each region monthly, and during Phase II, bimonthly. Visits will be for two days. Trips to Grand Junction and Durango require air travel because of distance and terrain.

Field Directors may travel anywhere within Intervention Regions. To estimate travel costs, principal cities have been designated as destination points for proximate Intervention Regions. Destination cities serving more than one Region will be visited an appropriate number of times to provide monthly visits to each Region.

Region 1	Region 2	Region 3	Region 4 * Region 6	Region 7
Pueblo		Pueblo		
Gd Jctn			Gd Jctn	
Co Spgs	Co Spgs			
Greeley	Greeley			
Ft Collins				
Boulder				
			Durango	
				Breckenridge
* Region 5 is Metropolitan Denver				

Designated Destination Cities  
for Field Director Travel from Denver  
to ASSIST Intervention Regions

The next pages present yearly travel budgets for Field Directors.



13-May-91

Field Directors						
Dest.	# trips	# peop.	# nights	per diem	airfare	# miles Total
Breck	12	1	2	86		81 2453
Pueblo	18	1	2	86		112 3902
Gd Junc	18	1	2	86	210	6876
Greeley	18	1	2	86		54 3485
Co Sprgs	18	1	2	86		70 3600
Durango	12	1	2	86	194	4392

\$24,708

yr2						
Dest.	# trips	# peop.	# nights	per diem	airfare	# miles Total
Breck	12	1	2	91		81 2562
Pueblo	18	1	2	91		112 4067
Gd Junc	18	1	2	91	221	7241
Greeley	18	1	2	91		54 3649
Co Sprgs	18	1	2	91		70 3764
Durango	12	1	2	91	204	4625

\$25,909

yr3						
Dest.	# trips	# peop.	# nights	per diem	airfare	# miles Total
Breck	6	1	2	96		81 1344
Pueblo	9	1	2	96		112 2128
Gd Junc	9	1	2	96	233	3820
Greeley	9	1	2	96		54 1919
Co Sprgs	9	1	2	96		70 1977
Durango	6	1	2	96	215	2439

\$13,627

yr4						
Dest.	# trips	# peop.	# nights	per diem	airfare	# miles Total
Breck	6	1	2	101		81 1408
Pueblo	9	1	2	101		112 2223
Gd Junc	9	1	2	101	245	4028
Greeley	9	1	2	101		54 2014
Co Sprgs	9	1	2	101		70 2072
Durango	6	1	2	101	226	2572

\$14,316

yr5						
Dest.	# trips	# peop.	# nights	per diem	airfare	# miles Total
Breck	6	1	2	106		81 1471
Pueblo	9	1	2	106		112 2318
Gd Junc	9	1	2	106	258	4237
Greeley	9	1	2	106		54 2109
Co Sprgs	9	1	2	106		70 2167
Durango	6	1	2	106	238	2704

\$15,005

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13-May-91

yr6

Dest.	# trips	# peop.	# nights	per diem	airfare	mileage	Total
Breck.	6	1	2	112		81	1534
Pueblo	9	1	2	112		112	2413
Gd Junc	9	1	2	112	272		4455
Greeley	9	1	2	112		54	2204
Co Sprgs	9	1	2	112		70	2261
Durango	6	1	2	112	251		2843

\$15,709

yr7

Dest.	# trips	# peop.	# nights	per diem	airfare	mileage	Total
Breck	6	1	2	118		81	1610
Pueblo	9	1	2	118		112	2526
Gd Junc	9	1	2	118	286		4701
Greeley	9	1	2	118		54	2317
Co Sprgs	9	1	2	118		70	2375
Durango	6	1	2	118	264		3001

\$16,531

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### Statewide Local Travel by Field Coordinators

In Years 3-7, Colorado ASSIST will employ 3.25 FTE Field Coordinators, of whom 1.25 FTE will be based in Denver, 1.00 FTE in Grand Junction, and 1.00 FTE in Pueblo.

The Field Coordinators will provide technical support to local communities, Coalition members and Intervention Region Representatives to implement interventions, build and enhance the statewide Coalition and local Coalitions, promote the Project, and conduct related activities.

Field Coordinators will visit each key city within their assigned Regions four times per year. The following tables present travel distances for Field Coordinators' travel to key cities. Overnight stays are provided when estimated travel time exceeds two hours.

Key City	One-way miles from Denver	Overnight?
Greeley	54	
Ft Collins	65	
Boulder	30	
Sterling	125	Yes
Ft Morgan	81	Yes
Burlington	163	Yes
Cheyenne Wells	171	Yes
Castle Rock	30	

Distance to Key Cities,  
Northeastern Colorado

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Key City	One-way miles from Grand Junction	Overnight?
Glenwood Springs	89	Yes
Steamboat Springs	194	Yes
Hot Sulphur Springs	351	Yes
Georgetown	202	Yes
Breckenridge	186	Yes
Leadville	178	Yes
Eagle	120	Yes
Salida	190	Yes
Ouray	229	Yes

Distance to Key Cities,  
Western Colorado

Key City	One-way miles from Pueblo	Overnight?
Colorado Springs	42	
Lamar	119	Yes
La Junta	64	
Springfield	165	Yes
Trinidad	86	
San Luis	112	Yes
Westcliffe	56	
Cañon City	39	
Cripple Creek	87	

Distance to Key Cities,  
Southern Colorado

The next pages present yearly travel budgets for Field Coordinators.

10-May-91

Fld Co A	# trips	miles RT	\$.20/mile	hotel	Total	Hotel	Totals	Per Year
	4	358	72		\$286		\$447	\$9,383
	4	1082	216	384	\$2,402	yr3 \$96	\$8,936	
	4	358	72		\$286		\$447	\$9,703
	4	1082	216	404	\$2,482	yr4 \$101	\$9,256	
	4	358	72		\$286		\$447	\$10,023
	4	1082	216	424	\$2,562	yr5 \$106	\$9,576	
	4	358	72		\$286		\$447	\$10,407
	4	1082	216	448	\$2,658	yr6 \$112	\$9,960	
	4	358	72		\$286		\$447	\$10,791
	4	1082	216	472	\$2,754	yr7 \$118	\$10,344	

Fld Co B	# trips	# miles	hotel	Total
	4		0	\$0
	4	1839	368	\$4,927
	4		0	\$0
	4	1839	368	\$5,107
	4		0	\$0
	4	1839	368	\$5,287
	4		0	\$0
	4	1839	368	\$5,503
	4		0	\$0
	4	1839	368	\$5,719

Fld Co C	# trips	# miles	hotel	Total
	4	201	40	\$161
	4	569	114	\$1,607
	4	201	40	\$161
	4	569	114	\$1,667
	4	201	40	\$161
	4	569	114	\$1,727
	4	201	40	\$161
	4	569	114	\$1,799
	4	201	40	\$161
	4	569	114	\$1,871

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13-May-91

Field Coordinators Denver Meetings

yr3

From	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Pueblo	12	1	1	96		112	1688
Gd Junc	12	1	1		233		2793

yr4

From	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Pueblo	12	1	1	101		112	1750
Gd Junc	12	1	1		245		2940

yr5

From	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Pueblo	12	1	1	106		112	1810
Gd Junc	12	1	1		258		3096

yr6

From	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Pueblo	12	1	1	112		112	1882
Gd Junc	12	1	1		272		3264

yr7

From	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Pueblo	12	1	1	118		112	1954
Gd Junc	12	1	1		286		3432

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### Public Hearings

A round of public hearings will be conducted during Year 2 to provide opportunities for local communities to participate in development of the Tobacco Control Plan. The hearings will be held in Denver, Grand Junction and Pueblo. Hearings in each site will last for two days. Grand Junction and Pueblo hearings will require travel for the Project Director, the Project Manager, and a Field Director.

	# people	\$ per diem	\$ airfare	\$ mileage	Total
Gd Junction	3	91	221		\$ 936
Pueblo	3	91		45	\$ 407

### Travel Costs for Public Hearings

### Metropolitan Denver

Project Staff will travel within Metropolitan Denver to attend meetings of the Executive Committee, the Coalition Board, Coalition Committees and Joint Task Forces, and to meet with individual Coalition members and ACS staff members. Each Staff member will travel an estimated 100 miles monthly, the rate experienced by Department of Health employees who conduct community-based Projects.

	# FTEs	# miles*	\$ mileage**	\$ parking	# months	Total
Year 1	4.20	100	20	10	12	\$1512
Year 2	4.20	100	20	10	12	\$1512
Year 3	5.70	100	20	10	12	\$2052
Year 4	5.70	100	20	10	12	\$2052
Year 5	5.70	100	20	10	12	\$2052
Year 6	5.70	100	20	10	12	\$2052
Year 7	5.70	100	20	10	12	\$2052

\* Figures for miles and mileage and parking costs are monthly estimates per FTE.  
 \*\* Reimbursement @ 20 cents/mile.

### Staff Travel Costs within Metropolitan Denver

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3. *Travel for coalition members, advisory committees, and task forces will be paid for with intervention funds. Please provide justification and annual estimates for such travel within the Intervention Monies justification.*

The following table provides a summary of volunteer travel costs for Public Hearings and meetings of the Executive Committee, Coalition Board, Coalition Committees and Coalition Joint Task Forces. Subsequent tables provide justification and annual estimates for each category of travel.

	Public Hearings	Exec. Cte.	Coalition Bd.	Ctes.	Task Forces	Total
Year 1		72	8813	6432	6859	\$22,176
Year 2	2320	72	9052	6684	7111	\$25,239
Year 3		72	9305	6948	7375	\$23,700
Year 4		72	9558	7212	7639	\$24,481
Year 5		72	9861	7488	7915	\$25,336
Year 6		72	10164	7800	8227	\$26,263
Year 7		72	10468	8112	8539	\$27,191

Summary of Volunteer Travel

### Public Hearings

For continuity and full statewide participation in development of the Tobacco Control Plan, all ASSIST Regional Representatives will attend the Public Hearings in Pueblo and Grand Junction.

#### Public Hearing Pueblo

From	# trips	# peop	# nights	hotel	# miles	
Glanby	1	1	1	91	205	\$173
Glenwood	1	1	1	91	227	\$182
Walsenbur	1	1			49	\$20
Ft Collin	1	1	1	91	174	\$161
Durango	1	1	1	91	271	\$199
Burlingto	1	1	1	91	191	\$167

\$902

#### Public Hearing Gd Junc

From	# trips	# peop	# nights	hotel	# miles	
Glanby	1	1	1	91	213	\$176
Glenwood	1	1	1	91	89	\$127
Walsenbur	1	1	2	91	307	\$305
Ft Collin	1	1	2	91	308	\$305
Durango	1	1	1	91	169	\$159
Burlingto	1	1	2	91	412	\$347

\$1,418



### Executive Committee Meetings

The Executive Committee will meet monthly in Denver. Three members are eligible for reimbursement from mobilization monies.

	# months	# people	# miles*	Total
Year 1	12	3	10	\$72
Year 2	12	3	10	\$72
Year 3	12	3	10	\$72
Year 4	12	3	10	\$72
Year 5	12	3	10	\$72
Year 6	12	3	10	\$72
Year 7	12	3	10	\$72

\* Reimbursement rate is 20 cents/mile.

### Travel to Executive Committee Meetings

### Coalition Board Meetings

The Coalition Board will meet monthly in Denver. Volunteer members will come from cities around the state, including Granby, Glenwood Springs, Walsenburg, Fort Collins, Durango and Burlington.

#### Coalition Board

##### Year 1

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
-------	---------	---------	----------	----------	---------	---------	-------

Granby	12	1	1	94		97	\$1,594
Gl Spgs	12	1	1	94		89	\$1,555
Wals.	12	1	1	94		160	\$1,896
Ft Collin	12	1				65	\$312
Durango	12	1	1	94	194		\$3,456

\$8,813

##### Year 2

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
-------	---------	---------	----------	----------	---------	---------	-------

Granby	12	1	1	99		97	\$1,653
Gl Spgs	12	1	1	99		89	\$1,615
Wals	12	1	1	99		160	\$1,956
Ft Collin	12	1				65	\$312
Durango	12	1	1	99	194		\$3,516

99

\$9,052

## Year 3

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Granby	12	1	1	104		97	\$1,717
Gl Spgs	12	1	1	104		89	\$1,678
Wals	12	1	1	104		160	\$2,019
Ft Collin	12	1				65	\$312
Durango	12	1	1	104	194		\$3,579
							\$9,305

## Year 4

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Granby	12	1	1	110		97	\$1,780
Gl Spgs	12	1	1	110		89	\$1,741
Wals	12	1	1	110		160	\$2,082
Ft Collin	12	1				65	\$312
Durango	12	1	1	110	194		\$3,642
							\$9,558

## Year 5

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Granby	12	1	1	116		97	\$1,856
Gl Spgs	12	1	1	116		89	\$1,817
Wals	12	1	1	116		160	\$2,158
Ft Collin	12	1				65	\$312
Durango	12	1	1	116	194		\$3,718
							\$9,861

## Year 6

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Granby	12	1	1	122		97	\$1,932
Gl Spgs	12	1	1	122		89	\$1,893
Wals	12	1	1	122		160	\$2,234
Ft Collin	12	1				65	\$312
Durango	12	1	1	122	194		\$3,794
							\$10,164

## Year 7

Dest.	# trips	# peop.	# nights	per diem	airfare	# miles	Total
Granby	12	1	1	128		97	\$2,007
Gl Spgs	12	1	1	128		89	\$1,969
Wals	12	1	1	128		160	\$2,310
Ft Collin	12	1				65	\$312
Durango	12	1	1	128	194		\$3,870
							\$10,468

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Subcontracting Plan  
Element 2 continued

- (e) Ensuring periodic rotation of potential subcontractors on bidders lists.
  - (f) Ensuring that the bid proposal review board documents its' reasons for not selecting low bids submitted by small and small disadvantaged business concerns.
  - (g) Ensuring the establishment and maintenance of records of solicitations and subcontract award activity.
  - (h) Attending or arranging for attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
  - (i) Conducting or arranging for conduct of motivational training for purchasing personnel pursuant to the intent of P.L. 95-507.
  - (j) Monitoring attainment of proposed goals.
  - (k) Preparing and submitting periodic subcontracting reports required.
  - (l) Coordinating contractor's activities during the conduct of compliance reviews by Federal agencies.
  - (m) Coordinating the conduct of contractor's activities involving its small and small disadvantaged business subcontracting program.
  - (n) Additions to (or deletions from) the duties specified above are as follows:
- 
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- 
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Subcontracting Plan  
Element 3

3. The following efforts will be taken to assure that small and small disadvantaged business concerns will have an equitable opportunity to compete for subcontract:
- (a) Outreach efforts will be made as follows:
    - (i) Contacts with minority and small business trade associations
    - (ii) Contacts with business development organizations
    - (iii) Attendance at small and minority business procurement conferences and trade fairs
    - (iv) Sources will be requested from SBA's Procurement Automated Source System (PASS) system.
  - (b) Small and small disadvantaged business concern source lists, guides and other data identifying small and small disadvantaged business concerns will be maintained and utilized by buyers in soliciting subcontracts.
  - (c) Additions to (or deletions from) the above listed efforts are as follows:

See State Procurement Rules

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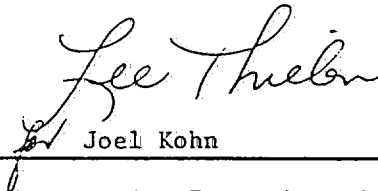
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4. The offeror (contractor) agrees that the clause entitled "Small Business and Small Disadvantaged Business Subcontract Plan" will be included in all subcontracts which offer further subcontracting opportunities, and all subcontractors (except small business concerns) who receive subcontracts in excess of \$500,000 will be required to adopt and comply with a subcontracting plan similar to this one. Such plans will be reviewed by comparing them with the provisions of Public Law 95-507, and assuring that all minimum requirements of an acceptable subcontracting plan have been satisfied. The acceptability of percentage goals shall be determined on a case-by-case basis depending on the supplies; services involved, the availability of potential small and small disadvantaged subcontractors, and prior experience. Once approved and implemented, plans will be monitored through the submission of periodic reports, and/or, as time and availability of funds permit, periodic visits to subcontractor's facilities to review applicable records and subcontracting program progress.

SIGNED:

TYPED NAME:

 Joel Kohn

TITLE:

Acting Executive Director, Colorado Department of Health

DATE:

May 17, 1991

PLAN ACCEPTED BY:

(Contracting Officer)

DATE:

NOTE TO CONTRACTING OFFICER: Upon incorporation of a plan into the contract, indicate herein the estimated dollar value of the contract: .

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COLORADO  
DEPARTMENT  
OF HEALTH

May 10, 1991

ROY ROMER  
Governor

JOEL KOHN  
Interim Executive Director

4210 East 11th Avenue  
Denver, Colorado 80220-3716  
Phone (303) 320-8333

Telefax Numbers:  
Main Building/Denver:  
(303) 322-9076

Piarmigan Place/Denver:  
(303) 320-1529

First National Bank Building/Denver  
(303) 355-6559

Grand Junction Office  
(303) 248-7198

Ms. Jeannette J. Johnson  
Contracting Officer  
Research Contracts Branch  
National Cancer Institute

Dear Ms. Johnson:

The State Department of Health follows the uniform procurement code adopted in Colorado. We have just learned of the Disadvantaged Business Enterprise requirement which seems to encompass the present policy (enclosed) and plan to ask the State Purchasing Director to modify his policies and procedures. However, no such modified plan has been approved at the present time by the State Purchasing Director. We already have a Minority Business Enterprise Procurement Plan in effect in Colorado statute section 24-49.5-103.

All of Colorado State Government must have consistent plans within the State Purchasing Director's guidelines. The department purchasing office makes every effort to solicit and encourage DBE contracts and awards.

We will keep your office informed of our progress. Thank you.

Sincerely,

Tom Hadden  
Supervisor, Policy & Budget Section  
Colorado Dept of Health

Enc: Copy of Senate Bill 203 which sets forth the State Policy on the Minority Business Office and the program to promote MBE participation in ... procurement in accordance with existing federal and state statutes. p. 1244 section 24-49.5-103.

jc

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## CHAPTER 178

GOVERNMENT — STATE  
OFFICE OF BUSINESS DEVELOPMENT

SENATE BILL 90-203. BY SENATORS Travlor, Rizzuto, Allison, Bishop, Hopper, Hume, Martinez, McCormick, Meiklejohn, Sandoval, Schroeder, Strickland, and Wham;  
and REPRESENTATIVES Schauer, Arveschoug, Berry, DeHerrera, Fish, Fleming, Foster, P. Hernandez, T. Hernandez, Jones, Killian, Mares, Neale, Reeves, Ruddick, Shoemaker, Tanner, Taylor-Little, Tilger, Webb, and S. Williams.

## AN ACT

CONCERNING THE ORGANIZATION OF THE ECONOMIC DEVELOPMENT ACTIVITIES OF THE STATE, AND, IN CONNECTION THEREWITH, CREATING IN THE OFFICE OF THE GOVERNOR THE OFFICE OF BUSINESS DEVELOPMENT, THE COLORADO ECONOMIC DEVELOPMENT ADVISORY BOARD, AND THE MINORITY BUSINESS OFFICE.

Be it enacted by the General Assembly of the State of Colorado:

Section 1. Title 24, Colorado Revised Statutes, 1988 Repl. Vol., as amended, is amended BY THE ADDITION OF THE FOLLOWING NEW ARTICLES to read:

ARTICLE 48.5  
Office of Business Development

24-48.5-101. Colorado office of business development - creation.

(1) There is hereby created within the office of the governor the Colorado office of business development, the head of which shall be the director of the office of business development, which office is hereby created. The director of the office, who shall also serve as the special assistant to the governor for economic development, shall be assisted by an assistant director, which office is hereby created, and a staff for business development, including but not limited to small business, finance, and marketing.

(2) The Colorado office of business development shall:

(a) Encourage the expansion and retention of Colorado businesses through business recruitment, retention, and expansion assistance;

(b) Coordinate the marketing of Colorado as a site for expansion or relocation projects for companies in other states or countries;

*Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.*

THIS IS A PHOTOCOPY OF THE LAWS OF COLORADO: SENATE BILL 203 REGARDING THE MINORITY BUSINESS ENTERPRISE PROGRAM OF COLORADO STATE GOVERNMENT

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(5) The board shall meet at least four times per year. The governor, the speaker of the house of representatives, and the president of the senate shall serve as co-chairs of the board and shall alternate each year in presiding over meetings of the board.

(6) (a) This article is repealed effective July 1, 1993.

(b) Prior to said repeal, the advisory board shall be reviewed as provided in section 2-3-1203, C.R.S.

#### ARTICLE 49.5 Minority Business Office

24-49.5-101. Legislative declaration. The general assembly hereby declares that it is in the best interest of the people of Colorado to promote the interests of minority business by assisting minority business enterprises in establishing information networks with both government and the private sector, assuring a greater flow of information about minority business enterprises and the opportunities available to minority businesses, and providing economic research and information with the ultimate goal of providing the best opportunities for minority business enterprises to enter the mainstream of Colorado's economy.

24-49.5-102. Creation of the minority business office - director. There is hereby created the minority business office within the office of the governor, referred to in this article as the "office". The office shall be in the charge of a director who shall be appointed by the governor. The director and employees of the office shall not be subject to section 13 of article XII of the state constitution.

24-49.5-103. Authority and responsibility of the director. (1) In furtherance of the policy expressed in section 24-49.5-101, the director shall:

- (a) Promote the business development of new and existing minority business enterprises in coordination with state economic development activities;
- (b) Establish networks among governmental entities, the private sector, and minority business in an effort to promote joint business activities;
- (c) Promote minority business participation in federal, state, and local procurement, purchasing, financing, and contracting, in accordance with existing federal and state statutes;
- (d) Promote self-sufficiency and survival of minority businesses with the intent of aiding such minority businesses in their attempts to enter the mainstream of Colorado's economy;
- (e) Enhance the access of information on international trade opportunities to minority businesses in conjunction with Colorado's international trade activities;
- (f) Provide economic research and information on minority businesses for the use of federal and local governmental agencies, private industry, labor, and professional and other groups. The office shall make efforts to recover the costs associated with this paragraph (f) through user fees.

(2) The director may receive funds from the private sector for the purposes of conducting or implementing projects and other necessary operations

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of the office. All funds received shall be placed in the minority business fund created in section 24-49.5-104.

(3) The director shall develop and implement performance and accountability standards and shall report annually to the general assembly. Such standards shall include, but shall not be limited to, the following:

(a) The fees established pursuant to paragraph (f) of subsection (1) of this section;

(b) The number of businesses by race and ethnicity including the protected groups known as African Americans, Hispanic Americans, Asian Americans, native Americans, and any other minority ethnic groups assisted by the office and the actual moneys associated therewith;

(c) The type of assistance provided to the businesses assisted;

(d) The number of new jobs created;

(e) The number of existing jobs retained;

(f) An overview of the minority business office's successes and failures;

(g) The amount of revenues added to the state's economy due to the efforts of the minority business office;

(h) The year end annual report of the minority business office;

(i) The types of businesses assisted;

(j) The geographical location of businesses assisted;

(k) Any suggestions for greater minority participation in the state's economy; and

(l) An accounting of private and public funding and expenditures.

24-49.5-104. Minority business fund - created. (1) There is hereby created in the state treasury a fund to be known as the minority business fund, which shall be administered by the director of the minority business office.

(2) All moneys received from user fees pursuant to section 24-49.5-103 (1) (f) and any other moneys received by the office shall be placed in said fund.

(3) The general assembly shall make annual appropriations of the moneys in the fund to the minority business office for administering the provisions of this article.

(4) Any moneys in the fund not appropriated shall remain in the fund and shall not be transferred or revert to the general fund of the state at the end of any fiscal year.

(5) The general assembly may from time to time make appropriations from the general fund for the use of the minority business office in carrying out the purposes of this article.

Section 2. 2-3-1203 (3) (f), Colorado Revised Statutes, 1980 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SUBPARAGRAPH to read:

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2-3-1203. Sunset review of advisory committees. (3) (f) (XVII) The Colorado economic development advisory board created pursuant to section 24-49-101, C.R.S.

Section 3. Repeal. 24-1-125 (2) (j), Colorado Revised Statutes, 1988 Repl. Vol., is repealed.

Section 4. Effective date. This act shall take effect July 1, 1990.

Section 5. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 1, 1990

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CHAPTER 11

PREFERENCES IN AWARDING CONTRACTS - FEDERAL ASSISTANCE REQUIREMENTS

11-101

Exemptions from Prescribed Methods of Source Selection

(Reserved)

11-102

Priorities Among Preferences

11-102.01

Minority Business Enterprises

NO PROVISION IS MADE IN THE COLORADO PROCUREMENT CODE FOR PREFERENCES OR SET ASIDES FOR MINORITY OWNED OR WOMEN OWNED BUSINESSES. IT SHALL, HOWEVER, BE THE POLICY OF ALL STATE PROCUREMENT OFFICES TO MAKE A SPECIAL EFFORT TO SOLICIT AND ENCOURAGE MINORITY AND WOMEN OWNED BUSINESS PARTICIPATION FOR STATE CONTRACTS OR AWARDS. ALL STATE PROCUREMENT OFFICES ARE MANDATED TO IMPLEMENT THE SPIRIT AND DIRECTION OFFERED BY PRESENT OR FUTURE EXECUTIVE ORDERS RELATING TO THIS SUBJECT.

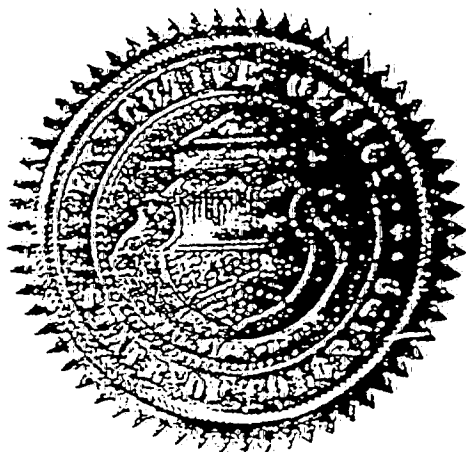
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NOW THEREFORE, I, Roy Romer, Governor of the State of Colorado, by virtue of the authority vested in me under the constitution and laws of the State of Colorado, DO HEREBY ORDER THAT:

1. A Minority Business Office is hereby created as an Office of the Governor to be located as part of the statewide economic development initiatives and administered within the Department of Local Affairs. The executive director of the Minority Business Office shall be appointed by and be accountable directly to the Governor. The office shall:
  - (a) Promote economic development for existing and new minority business enterprises in coordination with state economic development activities;
  - (b) Establish networks between majority and minority businesses in an effort to promote joint business activities;
  - (c) Promote minority business participation in state procurement, purchasing, and contracting in conjunction with the Department of Administration and the other departments of state government;
  - (d) Review on a regular basis the state's progress toward achieving its goals for minority participation in state business; and
  - (e) Work with the Minority Business Advisory Council, and the minority business community, and utilize the Minority Business Opportunities Task Force report of September 18, 1987, to promote minority business development.
2. The minority population of the State of Colorado is approximately 17 percent. Therefore, the state's ultimate goal for minority participation in state procurement shall be 17 percent of total dollars spent. The executive director of each department is directed to make significant and measurable progress toward achieving this goal in cooperation with the Department of Administration and the Minority Business Office. The executive director of each department shall designate one person within the department whose assignment shall be to act as the liaison between that department and the procurement section of the Department of Administration in support of this effort.
3. The Colorado Highway Commission has set a goal of 15 percent for minority business contracting on state highway projects. Since minority businesses in state highway contracting have a capacity that presents unique opportunities for minority businesses to participate in the business of the state, I am requesting that the highway commission examine the current goal of 15 percent and determine whether it should be increased so that minority businesses participate in state highway contracting at levels proportionate to the minority population of the State of Colorado.

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4. An Office of Certification to certify legitimate minority businesses shall be located and administered as an office of the Governor in the Office of Regulatory Reform in the Department of Regulatory Agencies. The Department of Highways is requested to seek approval from the Federal Highway Administration to use the certification funding in the Department of Highways for the Office of Certification. The Office is also directed to work with the Department of Administration and the Department of Local Affairs to identify additional resources to expand the certification functions of the office to non-highway contracting. The Office of Certification is also directed to investigate and make recommendations on establishing the office as a cash funded office providing centralized certification services in the State of Colorado for the State, its political subdivisions, and other governmental entities which might wish to employ the services of the Office.
5. A Minority Business Advisory Council consisting of nine members of the minority business community shall be established. The functions of the Council shall be to review the operations and effectiveness of the Minority Business Office and the Certification Office, and make recommendations to the Governor concerning the offices, including recommendations and participation in efforts to obtain necessary funding for the offices.



GIVEN under my hand and the Executive Seal of the State of Colorado, this 10th day of December, 1987.

A handwritten signature in cursive script, reading "Roy Romer".

Roy Romer  
Governor

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